

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAR 17 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PD00000022527**

1. Corporation Name

F. Padgett Trucking Inc

2. Principal Office Address

6408 NE 22 CT

Suite, Apt. #, etc.

City & State

Ocala, FL

Zip

34479

Country

US

3. Mailing Office Address

6408 NE 22 CT

Suite, Apt. #, etc.

City & State

Ocala, FL

Zip

34479

Country

US

**4. Date Incorporated or Qualified
To Do Business in Florida**

March 6, 2000

5. FEI Number

59-3629889

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$8.75 Additional Fee required
for a Certificate of Status**

REINSTATEMENT

7. Name and Address of Current Registered Agent

Name

Frank Padgett

Street Address (P.O. Box Number is Not Acceptable)

6408 NE 22 CT

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34479

200030590682

03/18/04-01110-018 *308 75**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

3/11/04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres			
Acting Agent	Frank Padgett	6408 NE 22 CT	Ocala FL 34479
Sec	Dorothy Padgett	6408 NE 22 CT	Ocala FL 34479

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature]

FRANK PADGETT

Date

3/11/04

Daytime Phone #

3526200229

CR2E081 (01/04)