

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 23 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000027933

1. Corporation Name

BOYD TRUCKING, INC.

Principal Place of Business

5249 GALINA CIRCLE
LAKE WORTH FL 33463

Mailing Address

5249 GALINA CIRCLE
LAKE WORTH FL 33463

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/13/2000

5. FEI Number

65-1001202

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	DEEBERAM, SOOKDEO	5249 GALINA CIRCLE	LAKE WORTH FL 33463

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FRANKLIN, ELLIOTT
2777 S CONGRESS AVE
LAKE WORTH FL 33461

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Date

REGISTERED AGENT MUST SIGN

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)

20f2

BOYD TRUCKING INC
1310 53rd Street
West Palm Beach, FL 33407
P00000027933

15 October 2003

Florida Department of State
Glenda E Hood, Secretary of State
DIVISION OF CORPORATIONS
PO Box 6327
Tallahassee, Florida 32314

Dear Sir or Madam:

This is the first notice we have received. The annual form was not received earlier this year. Enclosed is a check for \$150.00 for 2003.

Thank you,



Sookdeo Deeberam

cc: File