1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

02 FEB -1 PM 4:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #P00000037622

1. Corporation Name

WF Trucking & Assembly Inc.

2001-2002 VBR

2. Principal Office Address	**3.** Mailing Office Address
37922 Hillside Lane	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Dadecity, FL	City & State
Zip: 33525 Country: USA	Zip: Country: USA

4. Date Incorporated or Qualified To Do Business in Florida 4/30/2000

5. FEI Number 59-3637437 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Willie Faemer

Street Address (P.O. Box Number is Not Acceptable): 37922 Hillside Lane

Suite, Apt. #, Etc.:

000004312190--8
02/12/02 01065-009
****300.00 ****300.00

City: Dade City | State: FL | Zip Code: 33525

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: Willie Farmer — Date: 1-30-2002

REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
P	Willie Farmer	37922 Hillside Lane	Dadecity, FL 33525
T	David Timmons	37922 Hillside Lane	Dadecity FL, 33525

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: Willie Farmer — 1-30-2001 — 352-567-3096 / 352-457-4827

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

To: FL Dept. of State

From: WF Trucking & Assembly Inc.
Doc.# P00000376222

To Whom it may concern,

We did not receive our ~~A~~nnual Report because of our move. Enclosed please find a check for $300.00 as per my conversation with your office as well as this letter asking for the penalty fee to be waived.

Thank You!

Willie Farmer
President.