

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 JUL 24 PM 3:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P00000056305**

1. Corporation Name

TRUCK TRAIN TRANSPORTATION, INC

400158845504
07/23/09--01036--013 ***458.75

2. Principal Office Address - No P.O. Box #

219 CRYSTAL GROVE BLVD

Suite, Apt. #, etc.

City & State

LUTZ, FLORIDA

Zip

33548

Country

HILLSBOROUGH

3. Mailing Office Address

219 CRYSTAL GROVE BLVD

Suite, Apt. #, etc.

City & State

LUTZ, FLORIDA

Zip

33548

Country

HILLSBOROUGH

REINSTATEMENT

07-09

4. Date Incorporated or Qualified
To Do Business in Florida **9/14/2007**

5. FEI Number
59-3653365

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

ALBRITTON, HOWARD L

Street Address (P.O. Box Number is Not Acceptable)
219 CRYSTAL GROVE BLVD

Suite, Apt. #, Etc.

City

LUTZ

State

FL

Zip Code

33548

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

How

Date **7/20/09**

REGISTERED AGENT MUST SIGN

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
D	ALBRITTON, HOWARD L	219 CRYSTAL GROVE BLVD	LUTZ, FLORIDA 33548
D	MILLER, CURTIS J	219 CRYSTAL GROVE BLVD	LUTZ, FLORIDA 33548
VP	LOCASH, TERESE	219 CRYSTAL GROVE BLVD	LUTZ, FLORIDA 33548

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 contained in Chapter 119, 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:

How

HOWARD ALBRITTON

7/20/09

813-909-0336

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/24/09