


2014 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

14 JUN 27 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000058410					
1. Entity Name DELONG TRUCKING, INC.					
Principal Place of Business 8536 MOORE WOODS RD TALLAHASSEE, FL 32305			Mailing Address 8536 MOORE WOODS RD TALLAHASSEE, FL 32305		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3691170	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent DELONG, IDA 8536 MOORE WOODS ROAD TALLAHASSEE, FL 32305				7. Name and Address of New Registered Agent Name: Grace DeLong Street Address (P.O. Box Number is Not Acceptable): 150 Triplett Rd City: Crawfordville FL Zip Code: 32327	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent SIGNATURE: <u>Grace DeLong</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>6/27/14</u>					
FILE NOW!!! FEE IS \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DELONG, IDA 8536 MOORE WOODS RD TALLAHASSEE, FL 32305 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DELONG, EMORY 8536 MOORE WOODS RD TALLAHASSEE, FL 32305 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	3 Grace DeLong 150 Triplett Rd Crawfordville FL 32327 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	100261800171 06/27/14-01035-011 ***908.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	REINSTATEMENT Rec'd 12-14 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Grace DeLong</u> DATE: <u>6/27/14</u> E-MAIL ADDRESS: <u>gdelong92@gmail.com</u>					