

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 OCT -7 PM 1:37

DOCUMENT # P00000058410

**1. Corporation Name**

Delong Trucking Inc.

**2. Principal Office Address**

8536 Moore Woods Rd

Suite, Apt. #, etc.

**3. Mailing Office Address**

8536 Moore Woods Rd

Suite, Apt. #, etc.

**City & State**

Tallah, FL.

Zip

32305

Country

LEON

**City & State**

Tallah, FL.

Zip

32305

Country

LEI

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

6/15/00

**5. FEI Number**

59-3691170

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

Ida DeLong.

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

8536 Moore Woods Rd

Suite, Apt. #, Etc.

City

Tallah

State

FL

Zip Code

32305

**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

Ida DeLong.

REGISTERED AGENT MUST SIGN

Date 10-7-03

**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
DP	Ida DeLong.	8536 Moore Woods Rd	Tallah, FL. 32305
DY	Emery DeLong.	8536 Moore Woods Rd	Tallah, FL. 32305

**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:**

Ida DeLong. / IDA DeLong.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-1-03

Daytime Phone #

CR2E081 (10/02)

OCT 7, 2003

To whom it may concern,

I did NOT receive my UBR for the year 2002. Please waive any penalty's due, for DeLong Trucking Inc.

# P00000058410.

Thank you  
Ida De Long.