PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAR 16 PM 2:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000059226

1. Corporation Name: Tramel Transport Inc.

REINSTATEMENT 03-04

400030501234
03/16/04--01009--009 **300.00

2. Principal Office Address	**3.** Mailing Office Address
3105 Mountain LAKE Cut Off Rd	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LAKE Wales, FL	City & State
Zip: 33859 Country: POLK	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 59-3658380 ☐ 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: Linda F. TRAMEL
Street Address (P.O. Box Number is Not Acceptable): 3105 Mountain LAKE Cut Off Rd
Suite, Apt. #, Etc.:
City: LAKE Wales State: FL Zip Code: 33859

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: Linda Tramel Date: 3/12/04
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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	Gerald L. Tramel	3105 Mountain LAKE Cut Off Rd	LAKE Wales, FL 33859

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: Gerald Tramel 3/12/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Untitled

Tramel Transport
3105 Mountain Lake Cut Off Rd
Lake Wales, Fl 33859

03/12/04

To Whom it may concern,

This is a request for the reinstatement fee to be waived. We were getting the taxes ready to be filed when we realized this had not been paid. We have not received any of the forms for this. I got your phone number from our accountant and called and they told me to send a letter stating we had not received the forms and the Reinstatement Application along with $150 for this year and $150 for last years fees. The only reason I can explain this is that our zip code changed and there was other mail we did not receive this year as well.

Thank You,
Linda Tramel

Linda Tramel