

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVAL
AND
FILE

08 JAN 23 AM 11:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000086485

1. Corporation Name

Albert F Floyd Trucking Inc

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

17922 NW 190th Ave

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 1546

Suite, Apt. #, etc.

City & State

High Springs FL

Zip

Country

32616

City & State

Alachua FL

Zip

Country

32643

REINSTATEMENT 03-08

4. Date Incorporated or Qualified
To Do Business in Florida

9/11/2000

5. FEI Number

593701411

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

Albert Floyd

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

17922 NW 190th Ave

Suite, Apt. #, Etc.

City

High Springs

State

FL

Zip Code

32643

☒ 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

Albert Floyd

REGISTERED AGENT MUST SIGN

Date

1-18-08

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	Albert Floyd	17922 NW 190th Ave	High Springs FL 32643
S	Irene Floyd	17922 NW 190th Ave	High Springs FL 32643

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01/23/08--01033--012 **900.00

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:

Albert Floyd

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-18-08

Daytime Phone #