


2005 FOR PROFIT CORPORATION REINSTATEMENT

pg 10 F2

DOCUMENT # P0000089200 1. Entity Name LONESOME M TRUCKING, INC.						FILED 05 SEP 30 PM 1:04 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 501 TURNBERRY ROAD CANTONMENT, FL 32533				Mailing Address 501 TURNBERRY ROAD CANTONMENT, FL 32533			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country				City & State Zip Country			
4. FEI Number 31-1731885				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent LEPP, LOIS B 1127 N. PALAFOX ST. PENSACOLA, FL 32501				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MACK, BROOKS L 501 TURNBERRY RD CANTONMENT, FL 32533	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 9000802074 10/04/05--01030--008 \$150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MACK, ENNIS 501 TURNBERRY RD CANTONMENT, FL 32533	<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	ST MACK, MARGARET 501 TURNBERRY RD CANTONMENT, FL 32533	<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	<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	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Brooks L. Mack</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				8-25-05 850-968-9987 <small>Date Daytime Phone #</small>			

Rec 9/1/05

CNPPPJT2 - 01 RUN DATE 05 AS OF 03/18/2005
FLAIR - CENTRAL ACCOUNTING

Do Not Detach

PAGE 1

Pg 20F3

POSTED JOURNAL TRANSACTIONS BY SWDN WITHIN INITIATING OLO AND SITE

AUDIT LOCATION - STATEWIDE
OLO 450000 - DEPARTMENT OF STATE
SITE - NO TITLE

SWDN C5000016783 ADOCNO D51103

ACCOUNT CODE	CF	TC	OBJECT	AMOUNT	----- BENEFITTING DATA -----
ACCOUNT CODE	CF	TC	OBJECT		
45 10 1 000132 45300100 00 000100 00	45		0010	150.00	

TRANSACTION CODE TOTAL - 45 150.00

TR96

453001

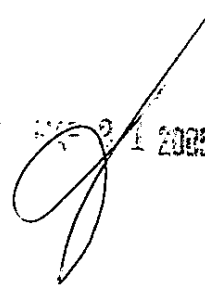
11

001015

000100

73741000405734010000

111111 03/18/2005



pg 3 of 3

LOIS B. LEPP, P.A.
Attorney At Law
1127 North Palafox Street
Pensacola, Florida 32501
www.lbl-law.com
EMAIL: admin1@lbl-law.com

Lois B. Lepp

telephone (850) 435-1090
facsimile (850) 435-8882

September 28, 2005

Department of State
Division of Corporations
Corporate Records
Attn: Sean Toner
P. O. Box 6327
Tallahassee, FL 32314

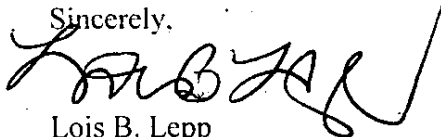
Re: Lonesome M Trucking, Inc.

Dear Mr. Toner:

As we discussed on September 27, 2005, I had previously sent the enclosed executed Reinstatement for Lonesome M Trucking, Inc. and check in the amount of \$150.00 to cover the reinstatement fee; however, it was returned to us by another employee (copy of letter from Mr. Scott enclosed) citing that \$300.00 was due. Enclosed is a copy of your letter of May 16, 2005 which verifies that \$150.00 is the correct amount due. We have been trying for many, many months (well before May 2005) to get information and get this matter straightened out. I appreciate your help in doing so. Thank you for your attention to this matter. Should you require any additional information, please do not hesitate to contact me.

Please advise me when my client's corporation has been reinstated and when the next annual report is due, so we can be sure to avoid future problems.

Sincerely,



Lois B. Lepp
LBL/mal
enclosure

cc: Brooks Mack