

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAY 27 PM 12:38

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # 00000094292

1. Corporation Name

Hollywood Trucking INC.

Handwritten mark

2. Principal Office Address

6847 CORALBERRY LN
Suite, Apt. #, etc.

3. Mailing Office Address

6847 CORALBERRY LN
Suite, Apt. #, etc.

REINSTATEMENT 3-05

City & State

JACKSONVILLE FL

Zip Country

32244 DUVAL

City & State

JACKSONVILLE FL

Zip Country

32244 DUVAL

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

593683956

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

DONALD MARLIN ROBERTS

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

6847 CORALBERRY LN

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32244

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

Handwritten signature of Donald Martin Roberts
REGISTERED AGENT MUST SIGN

Date 3-22-05

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
DPST	DONALD ROBERTS	6847 CORALBERRY LN	JAX FL 32244

900055327439
05/25/05--01038--005 **1050.00

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 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:

Handwritten signature of Donald Martin Roberts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-05

Date

779-9942
904-838-9371

Daytime Phone #

CR2E081 (01/05)