

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000102492

1. Corporation Name

SPECIALTY SHIPPING, INC.

Principal Place of Business

2451 MCMULLEN BOOTH RD. STE 310
CLEARWATER FL 33759

Mailing Address

2451 MCMULLEN BOOTH RD. STE 310
CLEARWATER FL 33759

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/01/2000

5. FEI Number

59-3630880

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	ULETT, JULIE C	2692 ENTERPRISE RD EAST #402	CLEARWATER FL 33759
VP	HUTCHENS, GREG	2451 MCMULLEN BROTH RD STE 310	CLEARWATER FL 33759

700009047587
11/18/02--01052--016 **150.00

8. Name and Address of Current Registered Agent

HUTCHENS, GREGORY D
2451 MCMULLEN BOOTH RD, STE 310
CLEARWATER FL 33759

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/02)

292

Specialty Shipping, Inc.
2451 McMullen Booth Road
Suite 310
Clearwater, FL 33759

November 7, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re; Specialty Shipping, Inc.
Document #: P00000102 492

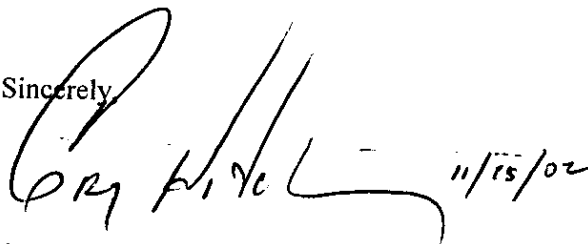
Dear Sir:

Enclosed is an executed corporate reinstatement form along with a check for \$150. I am sending this after phone discussions with a representative from your office explaining that we had never received any renewal form.

We have had problems with mail delivery in our building and did not receive the original notices.

Thank you for your assistance and understanding with this matter. Should you need anything further, please contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "Greg Hutchens", followed by the date "11/15/02".

Gregory Hutchens
President

Enclosure