

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 27 PM 3:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P01000017134**

1. Corporation Name

**WARREN TRUCKING, INC.**

Principal Place of Business

Mailing Address

5351 SE 118TH COURT  
JASPER FL 32052

5351 SE 118TH COURT  
JASPER FL 32052



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

**REINSTATEMENT 03**

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

02/15/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3699225

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PTD	WARREN, DEBRAH A	5351 SE 118TH COURT	JASPER FL 32052
VD	WARREN, KIM	5351 SE 118TH COURT	JASPER FL 32052
SD	ALLEN, MELANIE	5351 SE 118TH COURT	JASPER FL 32052

100024172191  
10/27/03--01099--008 \*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FOLSOM, LYNDA M  
548 CHANBRIDGES ROAD  
JASPER FL 32052

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

*Lynda M Folsom*  
REGISTERED AGENT MUST SIGN

Date 10-23-03

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:

*Melanie A. Allen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-23-03

Date

386-792-2142

Daytime Phone #

CR2E040 (7/03)