PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P01000024328

1. Corporation Name

L & B WILLIAMS TRANSPORT, INC.

Principal Place of Business

Mailing Address

FILED 04 APR 21 PH 12: 49 SECRETARY OF STATE TALLAHASSEE, FLORIDA 1000

	MC OTH AVE EACT				i naini itali enili asilt anili al	111 0 10 0 () 01000 1111	A 118 A) (611 LRB)
IVE EAST 216 8TH AVE EA			REIN	STATEN	ENT	13-04	
re incorrect in any way, line	through incorrect informa	ation and enter cor	rection below.	n deman		æ	10/0
				Date Incorp To Do Busin	porated or Qualified ness in Florida	00.105.100	
Suite, Apt. #, etc. Suite, Apt		Apt. #, etc.		5. FEI Number Applied For			
City & State City		City & State		6	65-1084878	_	Not Applicable
Country Zip		Country		CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee require for a Certificate of Status			
Addresses of Each Officer a	and/or Director (Florida n	onprofit corporation	ns must list at lea	st 3 directors)			
Title(s) Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip		
WILLIAMS, LARRY		216 8TH AVE EAST			BRADENTON FL 34208		
				2n 04/20/	003315; 04010580;	<u>3172</u> 16 **300	0.00
8. Name and Address of Current Registered Agent				9. Name and Address of New Registered Agent			
WILLIAMS, LARRY 216 8TH AVE EAST BRADENTON FL 34208			Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code				
the registered agent of the	above named corporation	n, am familiar with a	and accept the ob	pligations of Secti	ion 607.0505, F.S. or 61	7.0505, F.S.	· · · · · · · · · · · · · · · · · · ·
	Country Addresses of Each Officer a Name of Officers and/or Directors S, LARRY ame and Address of Curre TY AST 34208	are incorrect in any way, line through incorrect informate Address, If Applicable Suite, Apt. #, etc. City & State Country Addresses of Each Officer and/or Director (Florida nand/or Directors) S, LARRY 216 Ame and Address of Current Registered Agent AY AST 34208	are incorrect in any way, line through incorrect information and enter correct Address, If Applicable 3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Country Addresses of Each Officer and/or Director (Florida nonprofit corporation Name of Officers and/or Directors Street Officer 3. Cannot Provide the Address of Street Officer 4. Cannot Provide the Address of Courrent Registered Agent Addresses of Current Registered Agent Addresses of Current Registered Agent Address of Current Registered Agent	are incorrect in any way, line through incorrect information and enter correction below. Solite, Apt. #, etc. City & State Country Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least and/or Directors Street Address of Each Officer and/or Director S, LARRY 216 8TH AVE EAST Name and Address of Current Registered Agent Name Name Street Address (Florida nonprofit corporations must list at least and/or Directors) S, LARRY 216 8TH AVE EAST Name Street Address (Florida nonprofit corporations must list at least nonprofit corporations must list at least nonprofit nonprofit corporations must list at least nonprofit nonprof	tre incorrect in any way, line through incorrect information and enter correction below. The Address, if Applicable	tre incorrect in any way, line through incorrect information and enter correction below. The Address, If Applicable	The incorrect in any way, line through incorrect information and enter correction below. In Address, If Applicable 3. New Mailing Office Address, If Applicable 5. FEI Number City & State Country Country Country Country Country Country Country Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director City / State / City / Cit

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 filling 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:

I	
المنافع	To Whom it May Concern:
	5
	I Lary Wallians, Owner of I+B Williams
	
	Mansportine; of 2168th Ave E. Bradenton El. 34208. FEI Number. 65-1084878.
The same of the sa	Did not recieved the Proper Paper to
	renew My Corporation.
	Paper may have been sent to my
	Paper May have been sent to my accountant, Which is now under new
	the Menewal Papers.
,)	the Menewal Papers.
	any Williams S.
	The state of the s
	STATE OF FLORIDA GNOVOLO
	The toregoing instrument was acknowledged before me this The toregoing instrument was acknowledged before me this I 40 day of 100 da
	by
	Type of Identification and who did (did not) take an oath
1	
	DEBRA A. BOESEN MY.COMMISSION # DD 086013
	EXPIRES: April 23, 2006 Bonded Thru Notary Public Underwritera

- (