


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 04 OCT 12 AM 10:13 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P01000083084				
1. Corporation Name TROPICAL TRAILER HAULING, INC.				
2. Principal Office Address 622 David Drive Suite, Apt. #, etc.		3. Mailing Office Address 622 DAVID DRIVE Suite, Apt. #, etc.		
City & State ST. Cloud, FL		City & State ST. Cloud, FL		
Zip 34769	Country osceola	Zip 34769	Country osceola	4. Date Incorporated or Qualified To Do Business in Florida 8/20/01
5. FEI Number 59-3740659				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status				
7. Name and Address of Current Registered Agent				
Name Debbie J. Tripplehorn				
Street Address (P.O. Box Number is Not Acceptable) 622 DAVID DRIVE				
Suite, Apt. #, Etc.				
City ST. Cloud			State FL	Zip Code 34769
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 Debbie Tripplehorn		Date 10/04/04		
REGISTERED AGENT MUST SIGN				
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	
Pres.	Steven T. Tripplehorn	622 DAVID DRIVE	ST. Cloud, FL 34769	
V. Pres	Debbie J. Tripplehorn	622 DAVID DRIVE	ST. Cloud, FL 34769	
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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: Debbie Tripplehorn		Date 10/04/04 Daytime Phone # 321-228-7834		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				

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