PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	Secreta	RTMENT OF STATE ry of State CORPORATIONS		FILED 06 NOV -6 PM 5	-
DOCUMENT # 8010000 89951 1. Corporation Name			JALLAHASSEE, FLORIDA		
PATTIE'S CUSTOM HAULING, INC.					
	w o	6-47251			
2. Principal Office Address 5890 NE 92nd Court	3. Mailing Office Addre	Office Address Box 1255		CR2E081 (12/05	, 12-06
Surite, Apt. #, etc. Suite, Apt. #,		4. Da		porated or Qualified 9-10-	-2001
City & State Bronson, FL	Otty & State Bronson, FL		Ī	5. FEI Number 59-3743939 Applied For Not Applicable	
32621 Country	^{zip} 32621	ĽËVY	6. CERTIFICATE	E OF STATUS DESIRED 6	5 Additional Fee required ra Certificate of Status
Street Address (P.O. Box Number is Not Acceptable) 5890 N E 92nd Court Suite, Apt. #. Etc.					
City Bronson				State 32621	
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 Date REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and Titles Name of Officers and/or Directors		orida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director		City / State / Zip	
P PATSY L. JERREL	S 5890	5890 N E 92nd Court		Bronson, FL 32621	
Muly				9/0601008022	408 **995.00 426 **355.00
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 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 contained in Chapter 119, 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 AND EXPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					