

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

03 OCT 16 AM 11:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000098697

1. Corporation Name

THOMAS MCCLOUD TRUCKING, INC.

Handwritten initials

Principal Place of Business

Mailing Address

3079 SEAGRATE RD.
LANTANA FL 33462

3079 SEAGRATE RD.
LANTANA FL 33462

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 2003



200022792142
10/14/03--01059--012 **150.00

WOF

4. Date Incorporated or Qualified To Do Business in Florida

10/10/2001

5. FEI Number

65-1144923

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	MCCLOUD, THOMAS	3079 SEAGRATE RD.	LANTANA FL 33462

8. Name and Address of Current Registered Agent

MCCLOUD, THOMAS
3079 SEAGRAPE RD
LAKE WORTH FL 33462

9. Name and Address of New Registered Agent

Name *Thomas McCloud*
Street Address (P.O. Box Number is Not Acceptable) *3079 Seagrape Rd*
Suite, Apt. #, Etc.
City *Lantana* State **FL** Zip Code *33462*

CR2E040 (7/03)

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

Thomas McCloud
REGISTERED AGENT MUST SIGN

Date

10/9/03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Thomas McCloud *10/9/03*

2082

To Whom It may Concern
Please Accept My Reinstatement
I Never Received An Application
And I dont No what happened to
it

Thomas McCloy
DP Thomas McCloy