


# 2004 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P01000098940</b> 1. Entity Name <b>SWAMP RAT TRUCKING, INC.</b>					
Principal Place of Business <b>987 SW SEVEN BRIDGES RD GREENVILLE, FL 32331</b>			Mailing Address <b>987 SW SEVEN BRIDGES RD GREENVILLE, FL 32331</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3750530</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>REICHMAN, MICHAEL A 380 N. JEFFERSON ST. MONTICELLO, FL 32344</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00</b>			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP THOMPSON, GREGORY RT. 1 BOX 86A GREENVILLE, FL 32331 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV THOMPSON, ROBERT RT. 1 BOX 86A GREENVILLE, FL 32331 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	600041944986 10/18/04--01075--011 **158.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THOMPSON, MICHELLE RT. 1 BOX 86A GREENVILLE, FL 32331 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kelp, Jennifer 939 Sw Seven Bridges Rd. Greenville, FL 32331 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <u>Jennifer Kelp</u> <u>Jennifer Kelp T</u> <u>10-14-04</u> <u>850-948-5522</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

FILED

04 OCT 18 PM 4:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT 2004**

10142004 REIN-P CR2E098 (6/04)