

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 # P01000104594

1. Corporation Name

DANA'S TRUCKING INC.

Principal Place of Business

5945 KEYSTONE ST
PT ST JOHN FL 32927

Mailing Address

5945 KEYSTONE ST
PT ST JOHN FL 32927

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

2. New Principal Office Address, If Applicable

DANA'S TRUCKING

Suite, Apt. #, etc.

5375 BURGESS AV

City & State

COCOA, FL

Zip

32927

Country

USA

3. New Mailing Office Address, If Applicable

DANA'S TRUCKING

Suite, Apt. #, etc.

P.O. Box 10117

City & State

COCOA, FL

Zip

32927

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/2002

5. FEI Number

59-3754797

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	TIEDE, DANA	5945 KEYSTONE ST 5375 BURGESS AV	PT ST JOHN FL 32927

8. Name and Address of Current Registered Agent

TIEDE, DANA
5945 KEYSTONE ST
PT ST JOHN FL 32927

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date 10-16-03

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

10-16-03

Daytime Phone #

321-863-2194

CR20040 (7/03)

I TALK TOO A AGENT SAID
THEY SEND A LETTER ABOUT THE
ADDRESS I DID NOT GET A LETTER.

Samuel