


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P-01000106393			
1. Corporation Name DON SCHARPING TRUCKING, INC.			
2. Principal Office Address 16185 ARALIA DR.		3. Mailing Office Address 16185 ARALIA DR.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Punta Gorda FL		City & State Punta Gorda FL	
Zip 33955	Country CHARLOTTE	Zip 33955	Country CHARLOTTE
4. Date Incorporated or Qualified To Do Business in Florida 11-2-01			
5. FEI Number 65-1151873			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 DONALD SCHARPING			
Street Address (P.O. Box Number is Not Acceptable) 16185 ARALIA DR			
Suite, Apt. #, Etc.			
City Punta Gorda		State FL	Zip Code 33955
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 <i>Donald Scharping</i>		Date 1-30-04	
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
P/D	DONALD SCHARPING	16185 ARALIA DR	Punta Gorda/FL/33955
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: <i>Donald Scharping</i>		Date 1-30-04	Daytime Phone # 239-731-8411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

FILED
04 FEB 10 AM 11:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04

CR2E081 (10/02)