

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN 24 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
600010691986
01/24/03--01035--005 **150.00



DOCUMENT # **P01000106749**

1. Corporation Name

TWISTER TRUCKING, INC.

Principal Place of Business

7925 CHILLIE ROAD
PENSACOLA FL 32506

Mailing Address

7925 CHILLIE ROAD
PENSACOLA FL 32506

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

4. Date Incorporated or Qualified
To Do Business in Florida

11/05/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3759887

Not Applicable

Zip

Country

Zip

Country

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
D	HUDSON, LARRY	7925 CHILLIE ROAD	PENSACOLA FL 32506

8. Name and Address of Current Registered Agent

TWYMAN, DUSTY L ESQ
12200 W. COLONIAL DR
SUITE 302
WINTER GARDEN FL 34787

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

Dusty L Twyman
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

1-13-03

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:

Larry Hudson
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-22-02

Daytime Phone #

407-694-2329

From LARRY Hudson
Title President

12/22/02

This is to let the State of Florida know that I did not receive the first two uniform business report. I am enclosing a check also for \$150.00 I am truly sorry for any problems this mishap have caused. I never received anything until this.

Thank you very much

Larry Hudson

President