

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 FEB 27 AM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO1000107199**

1. Corporation Name

Ryan's Tuff Trucking, Incorporated

2. Principal Office Address - No P.O. Box #

4459 NE 22nd Ave

Suite, Apt. #, etc.

3. Mailing Office Address

4459 NE 22nd Ave

Suite, Apt. #, etc.

City & State

Ocala FL

City & State

Ocala FL

Zip

34479

Country

US

Zip

34479

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

11-6-01

5. FEI Number

59-5148722

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Ryan Magill

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

4459 NE 22nd Ave

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34479

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

R. Magill

REGISTERED AGENT MUST SIGN

Date **2-27-09**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title

Name of
Officers and/or Directors

Street Address of Each
Officer and/or Director

City / State / Zip

P

Ryan Magill

4459 NE 22nd Ave

Ocala, FL 34479

REINSTATEMENT

04-09

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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 contained in Chapter 119, 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:

R. Magill

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-09

Date

Daytime Phone #

[Signature]