

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 APR 29 PM 12:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PD1000117160

1. Corporation Name

THREE C'S TRUCKING, INC.

2. Principal Office Address

433 SUNSET DR

Suite, Apt. #, etc.

City & State

ENGLEWOOD, FL

Zip

34223

Country

3. Mailing Office Address

1811 ENGLEWOOD RD

Suite, Apt. #, etc.

SUITE # 300

City & State

ENGLEWOOD, FL

Zip

34223

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12-10-2001

5. FEI Number

03-0471048

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

WALLACE LYLE

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

433 SUNSET DR

Suite, Apt. #, Etc.

City

ENGLEWOOD

State

FL

Zip Code

34223

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

*Wallace Lyle*

REGISTERED AGENT MUST SIGN

Date 4-17-03

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

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip  |
|--------|--------------------------------------|---|---------------------|
| PD     | LAWRENCE PERRY                       | P.O. BOX 605                                      | PLACIDA, FL 33946   |
| SD     | MELLOR VICTOR                        | 1185 LARCHMONT DR                                 | ENGLEWOOD, FL 34223 |
| VD     | WALLACE LYLE                         | 433 SUNSET DR                                     | ENGLEWOOD, FL 34223 |
|        |                                      |   |                     |
|        |                                      |   |                     |
|        |                                      |   |                     |

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:

*Wallace Lyle*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-03

Date

Daytime Phone #

CR2E061 (10/02)

9/4/30