

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 JUN 25 PM 2:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000015068

1. Corporation Name

FLETCHER FAMILY TRUCKING, INC.

2. Principal Office Address - No P.O. Box #  
16273 73rd Court North

Suite, Apt. #, etc.

City & State  
Loxahatchee, Florida

Zip  
33470-3116

Country

3. Mailing Office Address  
16273 73rd Court North

Suite, Apt. #, etc.

City & State  
Loxahatchee, Florida

Zip  
33470-3116

Country

CR2E081 (1/07)

07

4. Date Incorporated or Qualified  
To Do Business in Florida 02/11/2002

5. FEI Number 60-0000019

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  
SPIEGEL & UTRERA, P.A.

Street Address (P.O. Box Number is Not Acceptable)  
1840 Southwest 22nd Court

Suite, Apt. #, Etc.  
4th Floor

City  
Miami

State  
FL

Zip Code  
33145

☒ 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.

SPIEGEL & UTRERA, P.A.

Signature of  
Registered Agent By:

Natalia Utrera, Vice President

REGISTERED AGENT MUST SIGN

Date

6/22/07

**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
PSTD	Fletcher, Davil C.	16273 73rd Court North	Loxahatchee, Florida 33470-3116
V	Fletcher, Authrine M.	16273 73rd Court North	Loxahatchee, Florida 33470-3116

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06/28/07--01047--005 \*\*300.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Davil C. Fletcher

Date

Daytime Phone #

6-22-07