01-11-2005 12:03 SANTA ROSA ANIMAL SERV 8509834686 PAGE5

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
05 JAN 24 PM 4:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000025005

1. Entity Name
JESSE BARNHILL TRUCKING, INC.

Principal Place of Business	Mailing Address
~~8758 BRIGHT OAK CIRCLE~~ 6863 Ventura Blvd MILTON, FL 32583	~~8758 BRIGHT OAK CIRCLE~~ 6863 Ventura Blvd MILTON, FL 32583

REINSTATEMENT 04-05
W0P

2. Principal Place of Business		3. Mailing Address	
6863 Ventura Blvd		6863 Ventura Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Milton Fl		City & State: Milton Fl	
Zip: 32583	Country: Santa Rosa	Zip: 32583	Country: Santa Rosa

4. FEI Number: 30-0035606 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BARNHILL, JESSE W ~~8758 BRIGHT OAK CIRCLE~~ 6863 Ventura Blvd MILTON, FL 32583	Name: Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ☐ Delete BARNHILL, TAMMY ~~8758 BRIGHT OAK CIRCLE~~ 6863 Ventura Blvd MILTON,, FL 32583	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ☐ Delete BARNHILL, JESSE ~~8765 BRIGHT OAK CIR~~ 6863 Ventura Blvd MILTON, FL 32583	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 800045895478 02/03/05--01008--015 **158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 800045895478 02/03/05--01008--016 **150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 1-10-2005 850-393-5900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #