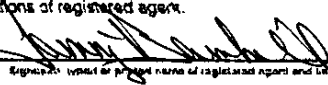
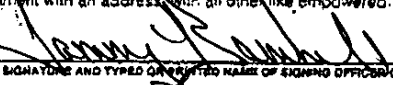


2005-FOR PROFIT CORPORATION REINSTATEMENT

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 8758 BRIGHT OAK CIRCLE 1863 Ventura Blvd MILTON, FL 32583		Mailing Address 8758 BRIGHT OAK CIRCLE 1863 Ventura Blvd MILTON, FL 32583	
2. Principal Place of Business 1863 Ventura Blvd Suite, Apt. #, etc.		3. Mailing Address 1863 Ventura Blvd Suite, Apt. #, etc.	
City & State Milton FL		City & State Milton FL	
Zip 32583	Country Santa Rosa	Zip 32583	Country Santa Rosa
4. FEI Number 30-0036608		☐ Apolled For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent BARNHILL, JESSE W 8758 BRIGHT OAK CIRCLE 1863 Ventura Blvd MILTON, FL 32583	
7. Name and Address of New Registered Agent 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 (Typed or printed name of registered agent and fee, if applicable)		(NOTE: Registered Agent signature required when reinstating) DATE	
FILE NOW!!! FEE IS \$300.00		In accordance with s. 807.193(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 BARNHILL, TAMMY 8758 BRIGHT OAK CIRCLE 1863 Ventura Blvd MILTON, FL 32583 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARNHILL, JESSE 8758 BRIGHT OAK CIRCLE 1863 Ventura Blvd MILTON, FL 32583 ☐ 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report of 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 807, 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.		800045895478 02/03/05--01008--015 **158.75 800045895478 02/03/05--01008--016 **150.00	
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1-10-2005 850-393-8900 Time Daytime Phone	