

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 21 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000027828

1. Corporation Name

B & F TRUCKING PINE ISLAND, INC.

Principal Place of Business

Mailing Address

4262 ~~BERKSHIRE ROAD~~ *Berkshire Rd.*
ST. JAMES CITY FL 33956

POST OFFICE BOX 214
MATLACHA FL 33993



REINSTATEMENT 03

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

03/06/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|--|-------------------------|
| P/H | Bradley W. Fischer | 4262 Berkshire Rd. | St James City FL 33956 |
| V/S | Doreen M. Eddy | 4262 Berkshire Rd. | St. James City FL 33956 |
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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FISCHER, BRADLEY W
4262 BERKSHIRE ROAD
ST. JAMES CITY FL 33956

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Bradley W. Fischer
REGISTERED AGENT MUST SIGN

Date

10/15/03

11. 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:

Doreen M. Eddy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/15/03

Daytime Phone #

CR2ED40 (7/03)

10-15-03

Having been a new corp in March 2002, we
never received notification concerning filing of
corp status yearly. I've contacted our attorney
as well as our accountant with regards to this
and no one has seen as well as ourselves
in the P.O. Box 214 on my personal. Please reinstate
our active status as B & F Trucking Limited Inc.
Thank you for your cooperation, and we'll be
looking for these papers again in January 2004

On behalf of B & F Trucking Limited Inc.

Don M. Eddy.

V.P./Sec.