


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS  
W05030042578

FILED

05 SEP 18 AM 9:50

SECRETARY OF STATE  
TAMPA, FLORIDA

DOCUMENT # P02000038132

1. Corporation Name

Clarence Banks Trucking INC

2. Principal Office Address

7127 Wrenwood Cir

Suite, Apt. #, etc.

3. Mailing Office Address

7127 Wrenwood Cir

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33617

Country

USA

Zip

33617

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

412133965

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$9.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Clarence E Banks

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

7127 Wrenwood Cir

Suite, Apt. #, Etc.

Tampa

City

State

FL

Zip Code

33617

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

Clarence E. Banks

Date 9-19-05

REGISTERED AGENT MUST SIGN

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
P	Clarence E. Banks	7127 Wrenwood Cir	Tampa, FL 33617

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09/12/05--01054--001 \*\*1058.75

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:

Clarence E. Banks

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-9-05

Date

813 240-7724

Daytime Phone #

CR2E081 (01/05)