

2004 FOR PROFIT CORPORATION REINSTATEMENT

112

DOCUMENT # P02000063467

1. Entity Name
S&S XPRESS LINE INC.



FILED

04 DEC -2 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
600 OAKLAND RD.
AUBURNDAL, FL 33823

Mailing Address
600 OAKLAND RD.
AUBURNDAL, FL 33823

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11162004 REIN-P CR2E098 (6/04)

4. FEI Number
72-1525948

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

SNODGRASS, PATRICIA A
600 OAKLAND RD.
AUBURNDAL, FL 33823

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00 -
After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V
NAME SNODGRASS, DAVID B SR.
STREET ADDRESS 600 OAKLAND RD.
CITY-ST-ZIP AUBURNDAL, FL 33823 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE P
NAME SNODBRASS, PATRICIA
STREET ADDRESS 600 OAKLAND RD
CITY-ST-ZIP AUBURNDAL, FL 33823 ☐ 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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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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

REINSTATEMENT 04

200043244952
12/07/04--01072--003 **150.00

11-29-04

212

S&S Xpressline Inc.
600 Oakland Road
Auburndale, FL 33823-3711
P02000063467

October 26, 2004

Florida Department of State
Division of Corporations
P O Box 6327
Tallahassee FL 32314

To Whom It May Concern:

Please allow this letter and enclosed check to serve as a request to reinstate this corporation.

As this area (Polk County) has been struck by 3 hurricanes in six weeks, it has been impossible to carry on a business in the usual manner.

A check was written for the September 8, 2004 deadline and was lost in the confusion of our weather.

Your response is appreciated. If further information is needed, please contact us at the above address.

Respectfully,

Patricia Snodgrass Pres.

Patricia Snodgrass
President

P.S. If there is anymore info you need
I have a fax 863-965-1826 Thanks Pat