

10/2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 OCT -3 AM 9:22

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000064446

1. Corporation Name

R CARRIER TRUCKING, INC  
4468 DIOR RD  
SPRING HILL FL 34609

2. Principal Office Address

SAME

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

USA

Zip

Country

USA

REINSTATEMENT 03-05  
CR2E081 (8/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

6/10/03

5. FEI Number

48-1264927

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

REGINA CARRIER

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

4468 DIOR RD

Suite, Apt. #, Etc.

600060188776

10/03/05--01054--003 \*\*\*450.0

City

SPRING HILL

State

FL

Zip Code

34609

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

Regina Carrier

REGISTERED AGENT MUST SIGN

Date

9/28/05

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

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip   |
|--------|--------------------------------------|---|----------------------|
| PRES   | REGINA CARRIER                       | 4468 DIOR RD                                      | SPRING HILL FL 34609 |
| V PRES | RAYMOND CARRIER                      | ↓   |                      |
| SEC    | RAYMOND CARRIER                      |   |                      |
| TREAS  | REGINA CARRIER                       |   |                      |
|        |                                      |   |                      |
|        |                                      |   |                      |

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:

Regina Carrier REGINA CARRIER

9/28/05

352-666-1504

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2 of 2

September 28, 2005

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

Ref: R Carrier Trucking, Inc./Doc No. P02000064446

To Whom It May Concern:

Please accept the enclosed application and check for \$450.00 for re-instatement. Our company never received any correspondence from your office with respect to annual fees or dissolution notifications.

Thank you in advance for your cooperation in this matter.

Sincerely,



Regina Carrier  
President

Encl.