

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P02000089393**

1. Corporation Name

Prime Time Trucking INC.

2. Principal Office Address

3741 NW 2nd St

Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX 120325

Suite, Apt. #, etc.

City & State

FT Lauderdale FL

City & State

FT Lauderdale FL

Zip

33311

Country

Broward

Zip

33311

Country

Broward

000059781430
09/20/05--01040--004 **900.00

REINSTATEMENT 04-05

4. Date Incorporated or Qualified
To Do Business in Florida

8/19/02

5. FEI Number

41-2057619

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

Clive Archer

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

2735 Rodman St

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33020

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

Clive Archer

Date

9/10/05

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
owner	Clive Archer	2735 Rodman St	Hollywood FL 33020
secretary	Hyacinth Barner Archer	3741 NW 2nd St	FT Lauderdale FL 33311

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:

Clive Archer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/10/05

Daytime Phone #