

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 31 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #P02000110423

1. Corporation Name

Florida Truck Trailer Services, Inc.

REINSTATEMENT 03

2. Principal Office Address

2905 S. Orange Blossom Trail

3. Mailing Office Address

← Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Zip

32805

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10-14-02

5. FEI Number

06-1451882

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

Mark Reid

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

2905 S. Orange Blossom Trail

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32805

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

Mark W. Reid

REGISTERED AGENT MUST SIGN

Date

10-27-03

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
Pres.	Mark W. Reid	2520 Prince Rd	Lakeland, FL 33810

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:

Mark W. Reid

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-27-03

Date

407-425-3300

Daytime Phone #

CR2E081 (10/02)

TR