

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAR 11 PM 2:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PO2000121711

**1. Corporation Name**

Florida Freightways Inc.

1099-A Commerce Ave

**2. Principal Office Address**

2000 Stonecross Cir

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32828

Country

US

**3. Mailing Office Address**

1099 A Commerce Ave

Suite, Apt. #, etc.

City & State

Haines City, FL

Zip

33844

Country

US

**REINSTATEMENT**

03-04

**4. Date Incorporated or Qualified  
To Do Business in Florida 11-14-2002**

**5. FEI Number**  
35-2187689

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

-UCC Filing & Search Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)  
526 East Park Avenue

Suite, Apt. #, Etc.

City

TALLAHASSEE, FLORIDA

State  
FL

Zip Code  
32301

**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

AGION HAND, asst sec

Date

3/11/04

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
PRES..	JAMES A. WORSDALE JR.	2000 STONECROSS CIRCLE	ORLANDO, FLORIDA 32828
DIR.	JAMES A. WORSDALE SR.	1031 DANA COURT	MARCO ISLAND, FLORIDA 34145
DIR	ROBERT E. WARNER	97 RUFFLED FEATHERS DR	LEMONT, IL 60439

400030598194  
03/17/04--01016--021 \*\*900.00

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/10/04

Daytime Phone #

863-422  
5100

CR2081 (01/04)