

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 JUL 30 PM 12:20

DOCUMENT # PD2000133316

1. Corporation Name

Melvin's Hauling Inc.

2. Principal Office Address - No P.O. Box #

440 Springhill Rd.

3. Mailing Office Address

P.O. Box 887

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Perry, FL.

City & State

Perry, FL. ~~32348~~

Zip

Country

32347

USA

Zip

Country

32348

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

December 19, 2002

5. FEI Number

52-2390905

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$2.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Melvin Bowden Jr.

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

440 Springhill Rd.

Suite, Apt. #, Etc.

City

Perry

State

FL

Zip Code

32347

100250264191
07/30/13--01017--009 **\$900.00

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

Melvin Bowden Jr.

Date 7-23-2013

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
P	Melvin Bowden Jr.	203 S. Hendry Ave.	Perry, FL 32347
UST.	Joey Bowden	203 S. Hendry Ave.	Perry, FL 32347

REINSTATEMENT

2012-13

S. HAWKES

JUL 31 2013

EXAMINER

10. E-mail Address: ubbowden@fairpoint.net

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE:

Melvin Bowden Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-23-13

Date

850-848-0184

Daytime Phone #