

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 AUG -3 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000077981

1. Corporation Name

GENE TANKESLY TRUCKING, INC.

2. Principal Office Address

2147 CENTURY BLVD.

Suite, Apt. #, etc.

City & State

ST. AUGUSTINE, FL

Zip

32084

Country

ST. JOHNS

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

7/15/03

5. FEI Number

20-0101144

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

TANKESLY, GENE

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

2147 CENTURY BLVD

Suite, Apt. #, Etc.

City

ST. AUGUSTINE

State

FL

Zip Code

32084

400039826144

08/03/04--01023--002 **\$150.00

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

Date

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
DP	TANKESLY, GENE	2147 CENTURY BLVD	ST. AUGUSTINE, FL 32084
DV	TANKESLY, INEZ	"	"

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:

Gene Tankesly, (Gene Tankesly, President)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/30/04

Daytime Phone #

904-847-7197

CR2001 (01/04)

15282

Gene Tankesly Trucking, Inc.
2147-Century Blvd.
St. Augustine, FL 32084

July 22, 2004

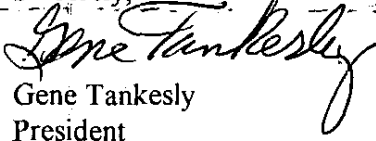
Florida Department of State
Secretary of State
Division of Corporation
PO Box 6327
Tallahassee, FL 32314

RE: Document # P03000077981

To Whom It May Concern:

Please be advised that this is my first time being incorporated in the state of Florida and I was not aware of the Annual Report. I did not receive any notice or reminder regarding the above. My accountant made me aware of the Annual Fee when I went to prepare my corporate tax return. Please accept \$150.00 and reinstate my corporation. I apologize for any inconvenience this may cause.

Sincerely,


Gene Tankesly
President