

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000109533 1. Entity Name LUCKHAM TRUCKING, INC.			
Principal Place of Business 6524 NW 24TH COURT APT# A MARGATE, FL 33063		Mailing Address 6524 NW 24TH COURT APT# A MARGATE, FL 33063	
2. Principal Place of Business- No P.O. Box # 7207 SW 4th St		3. Mailing Address 7207 SW 4th St	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State North Lauderdale, FL		City & State North Lauderdale, FL	
Zip 33068		Zip 33068	
Country 		Country 	
4. FET Number 36-4540618		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LUCKHAM, SEAN A 6524 NW 24TH COURT APT# A MARGATE, FL 33063		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	NAME LUCKHAM, SEAN A	TITLE D.T	NAME LUCKHAM, SEAN A
STREET ADDRESS 7207 SW 4TH ST	CITY-ST-ZIP NORTH LAUDERDALE, FL 33068	STREET ADDRESS 7207 SW 4th St	CITY-ST-ZIP NORTH LAUDERDALE, FL 33068
TITLE 	NAME 	TITLE VP, D.S	NAME DAWNETTE F. LUCKHAM
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 7207 SW 4th St	CITY-ST-ZIP NORTH LAUDERDALE, FL 33068
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE <u>Sean A. Luckham</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>2/1/07</u> Daytime Phone # <u>954-691-6405</u>	

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

02/01/2007 REIN P CR2EQ98 (1/07) 06-07

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