

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 AUG -7 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000121138

1. Corporation Name

Ellis Trucking of Brooker, Inc.

2. Principal Office Address

18810 Charlotte Ave

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 162

Suite, Apt. #, etc.

City & State

Brooker FL

City & State

Brooker FL

Zip

32622

Country

Bradford

Zip

32622

Country

USA

REINSTATEMENT 04-06

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

10-28-03

5. FEI Number

20-0347113

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

Danny R. Ellis

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

18810 Charlotte Ave

Suite, Apt. #, Etc.

City

Brooker

State

FL

Zip Code

32622

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

Danny R. Ellis
REGISTERED AGENT MUST SIGN

Date 8-2-06

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.T.	Danny R. Ellis	18810 Charlotte Ave	Brooker FL 32622
VPS	Deborah Ellis	18810 Charlotte Ave	Brooker FL 32622

800078733858
08/19/06--01051--011 **450.00

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 contained in Chapter 119, 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:

Danny R. Ellis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES.

8-2-06 (352) 485-1239

Date

Daytime Phone #



ELLIS TRUCKING OF BROOKER INC.

Post Office Box 162

Brooker, FL 32622

(352) 485-1239

8-2-06

Dear Sirs:

I did not receive an annual report notice in 2004.

I am requesting that the reinstatement fee be waived due to us not receiving any prior notices.

Should you have any questions please do not hesitate to contact me.

Sincerely,

Danny R. Ellis
Ellis Trucking of Brooker Inc.

Ref: Document # P03000121138