

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED *1/2*

06 OCT 19 AM 11:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *103000132527*

1. Corporation Name

Palatka Tarping Service, Inc.

2. Principal Office Address

5276 River Blossom Lane  
Suite, Apt. #, etc.

City & State

LaBelle, FL

ZIP Country

33935

3. Mailing Office Address

P.O. Box 583  
Suite, Apt. #, etc.

City & State

Dunkirk, NY

ZIP Country

14048

**REINSTATEMENT** *De*

4. Date Incorporated or Qualified  
To Do Business in Florida

11/14/2003

5. FEI Number

37-1483136

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

Robert Moore

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

5276 River Blossom Lane

Suite, Apt. #, Etc.

City

LaBelle

State

FL

ZIP Code

33935

30008096683

10/18/06--01057--014 \*\*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

*Robert E Moore*

REGISTERED AGENT MUST SIGN

Date *10/12/06*

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
Pres	Fred. V. Payne	1171 San Jose Forest Dr	St Augustine, FL 32080

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*10/12/06*

Date

904-460-0262

Daytime Phone #

2/2

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# PALATKA TARPING SERVICE INC

October 12, 2006

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P O BOX 6327  
TALLAHASSEE, FL 32314

DEAR SIR /MADAM

WE ARE ASKING THAT YOU WAIVE THE REINSTATEMENT FEE BECAUSE WE DID NOT  
RECEIVE THE ANNUAL REPORT NOTICE.

SINCERELY,



FRED V. PAYNE

PRESIDENT

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