

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY -9 AM 11:19

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REINSTATEMENT 04-06
CR2E081 (12/05)

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000149009

1. Corporation Name
ES&G Trucking Inc.

2. Principal Office Address
5 Cricket Lane

3. Mailing Office Address
PO Box 1196

Suite, Apt. #, etc.

City & State
Winter Haven FL

City & State
Lake Wales FL

Zip 33884 Country Polk

Zip 33859 Country Polk

4. Date Incorporated or Qualified To Do Business in Florida 12/08/03

5. FEI Number 20-0576723 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 Eugene L Goosby

Street Address (P.O. Box Number is Not Acceptable) 5 Cricket Lane

Suite, Apt. #, Etc.

City Winter Haven State FL Zip Code 33884

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 *Eugene L Goosby* Date 5/2/06

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
PD	Eugene L Goosby	PO Box 1196	Lake Wales FL 33859

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: *Eugene L Goosby* Date 5/2/06 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR