

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY -9 AM 11:19

DOCUMENT # P03000149009

1. Corporation Name

ES&G Trucking Inc.

900075196239
05/24/06--01007--019 **1050.00

REINSTATEMENT

04-06

CR2E081 (12/05)

2. Principal Office Address

5 Cricket Lane

3. Mailing Office Address

PO Box 1196

Suite, Apt. #, etc.

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
REGISTERED AGENT MUST SIGN

Date

5/2/06

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
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*

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

5/2/06

Date

Daytime Phone #