

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
10 JUL -5 PM 5:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PD4000001268

1. Corporation Name

M M I Trucking Inc

2. Principal Office Address - No P.O. Box #

P.O. Box 396

3. Mailing Office Address

Suite, Apt. #, etc.

3219 Appalachian Tr

Suite, Apt. #, etc.

City & State

Polk City FL

City & State

Zip

33868

Country

Polk

Zip

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

56-2423677

☐ 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

John T. Atkinson Jr

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

3219 Appalachian Tr

Suite, Apt. #, Etc

City

Polk City

State

FL

Zip Code

33868

700209647417  
07/06/11--01001--011 \*\*1050.00

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

7-5-11

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	Atkinson John T.	3219 Appalachian Tr	Polk City FL 33868

**REINSTATEMENT**

10. E-mail Address:

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

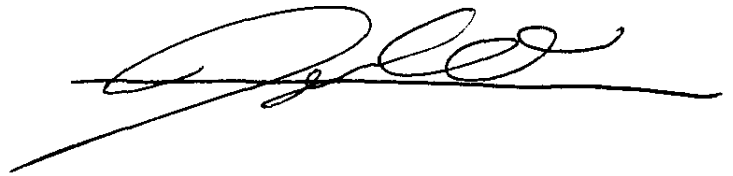
*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7-5-11

Daytime Phone #

I, John T. Atkinson do ~~not~~ intend to  
Revoke the dissolution of # P110000 39295  
+ I release the name.

A handwritten signature in black ink, appearing to read "John T. Atkinson", written over a horizontal line.