## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Ī	RPORATION ISTATEMI	20 20 20 20	Secreta	RTMENT OF STATE  Try of State  CORPORATIONS		FILED  2008 MAR - 5 PM 12: 43
DOCUMENT # P04000044013  1. Corporation Name  SPIRES TRUCKING OF SOUTH FLORIDA INC.					SECRE HARY OF STATE TALLAHASSEE, FLORIDA  500120968195 03/24/0801004003 **100.00	
2. Principal Office Address - No P.O. Box #  11281 INTERCHANGE CIRCLE SQL Suite, Apt. #, etc.			3. Mailing Office Address 11281 INTERCHANGE CIRCLE SQL Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida  03/09/2004	
City & State MIRAMA Zip 33025	MIRAMAR, FL Country		City & State MIRAMAR, FL Zip 33025	Country	5. FEI Number 20-0846356  Applied For Not Applicable  6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status	
Name and Address of Current Registered Agent  Name SEFFE SPILES  Street Address (P.O. Box Number in Not Acceptable)  1/28/ INTELCHAUGE CILCLE SOUTH  Suite, Apt. #, Etc.  City MILAMAL  State 33025					The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obling signature of Registered Agent  REGISTERED AGENT MUST SIGN					Date <u>3/4/28</u>	
9. Names and Street Addresses of Each Officer and  Titles Name of Officers and/or Directors			d/or Director (Florida nonp	Florida nonprofit corporations must list at lea Street Address of Each Officer and/or Director		City / State / Zip
P	GLEN A. JOHNSON		1128	11281 INETRCHANGE CIRC		MIRAMAR, FL. 33025
VP	VIRGINIA	A E. JOHNSON	1128	11281 INETRCHANGE CIRCLE		MIRAMAR, FL. 33025
CEO	BARBAR	RA L. FRYE	1128	11281 INETRCHANGE CIRCLE SOL		MIRAMAR, FL. 33025
				5.0 03/24		0120968195 
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 AND TYPEOOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Daytime Phone #						