

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000044040

1. Corporation Name

ODESSA FREIGHT LINES INC

~~W08000031906~~

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

10416 TARPON SPRINGS RD

Suite, Apt. #, etc.

City & State

ODESSA, FLORIDA

Zip

33556

Country

HILLSBOROUGH

3. Mailing Office Address

SAME AS #2

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

3/10/2004

5. FEI Number

20-0834755

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

STEVEN YOUNG

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

10416 TARPON SPRINGS RD

Suite, Apt. #, Etc.

City

ODESSA,

State

FL

Zip Code

33556

☒ 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 obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Steven Young
REGISTERED AGENT MUST SIGN

Date 6/26/08

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
P	STEVEN YOUNG	10416 TARPON SPRINGS RD	ODESSA, FLORIDA 33556
VP	ROBERT GUST	1418 RAVENNA HOLLOW RD	ODESSA, FLORIDA 33556
SEC	LAURA GUST	1418 RAVENNA HOLLOW RD	ODESSA, FLORIDA 33556
TRE	MARY R VILDOSTEGUI	10416 TARPON SPRINGS RD	ODESSA, FLORIDA 33556

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:

Steven Young
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN YOUNG Pres

6/26/08

Date

813-918-3404

Daytime Phone #

FILED
08 JUL 16 AM 7:40
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 06-07
CR2E081 (12/07)

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07/22/08--01014--014 ***450.00
City / State / Zip

REINSTATEMENT

06-08

8/7/18