


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>		<b>FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA</b>  <b>10 JUN -7 PM 1:28</b>  <b>600181776796</b> 06/07/10--01063--015 **1050.00	
<b>DOCUMENT #</b> <u>P04000134707</u>					
<b>1. Corporation Name</b> <u>A &amp; R Reliable Trucking, Inc</u>					
<b>2. Principal Office Address - No P.O. Box #</b> <u>6080 Edison ST.</u>			<b>3. Mailing Office Address</b> <u>6080 Edison ST.</u>		
<b>Suite, Apt. #, etc.</b> <u>                    </u>			<b>Suite, Apt. #, etc.</b> <u>                    </u>		
<b>City &amp; State</b> <u>Port St. John FL</u>			<b>City &amp; State</b> <u>Port St John FL</u>		
<b>Zip</b> <u>32927</u>		<b>Country</b> <u>Brevard</u>		<b>Zip</b> <u>32927</u>	
		<b>Country</b> <u>Brevard</u>			
<b>4. Date Incorporated or Qualified To Do Business in Florida</b> <u>10/01/04</u>					
<b>5. FEI Number</b> <u>201697138</u>				<input type="checkbox"/> <b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>	
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee required for a Certificate of Status</b>	
<b>7. Name and Address of Current Registered Agent</b>					
<b>Name</b> <u>Christie Richard W</u>					
<b>Street Address (P.O. Box Number is Not Acceptable)</b> <u>6080 Edison ST.</u>					
<b>Suite, Apt. #, Etc</b> <u>                    </u>					
<b>City</b> <u>Port St. John FL</u>				<b>State</b> <u>FL</u>	
				<b>Zip Code</b> <u>32927</u>	
<b>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.</b>					
<b>Signature of Registered Agent</b> <u><i>Richard Christie</i></u>				<b>Date</b> <u>6-2-10</u>	
<b>REGISTERED AGENT MUST SIGN</b>					
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>					
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip		
P	Richard Christie	6080 Edison ST.	Port St. John FL 32927		
V	Cheryl Boone	6080 Edison ST.	Port St. John FL 32927		
<b>10. E-mail Address:</b> <u>Cherylboone@Cfl.rr.com</u> <small>(To be used for future annual report notification)</small>					
<b>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., 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.</b>					
<b>SIGNATURE:</b> <u><i>Richard Christie</i></u>		<u>Richard W. Christie</u>		<u>321-4460</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	