


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000136771 1. Entity Name NOTS TRUCKING, INC				FILED 05 OCT 20 PM 2:45 STATE OF FLORIDA	
Principal Place of Business 1420 BAHIA DR TALLAHASSEE, FL 32305		Mailing Address 1420 BAHIA DR TALLAHASSEE, FL 32305			
2. Principal Place of Business <i>Same as above</i> Suite, Apt. #, etc.		3. Mailing Address 1420 Bahia Drive Suite, Apt. #, etc.			
City & State Tallahassee, Fla. Zip 32305		City & State Tallahassee, Fla. Zip 32305		4. FEI Number <div style="border: 1px solid black; padding: 2px;"> <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
Country leon		Country leon		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, OMAR 1726 AUGUSTINE PLACE TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Timothy Smith SR</i></u> DATE <u><i>10/18/05</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SMITH, OMAR 1726 AUGUSTINE PLACE TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; padding: 5px;"> 300061066833 11/01/05 01020 013 </div> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, TIMOTHY SR 1420 BAHIA DR TALLAHASSEE, FL 32305	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Timothy Smith Sr</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE: <u><i>10/18/05</i></u> <small>Daytime Phone #</small>		