

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 FEB 24 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000043738

1. Corporation Name

Defib Trucking Inc.

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

185 SW Arrowhead Ter Lot 41

Suite, Apt. #, etc.

Lot 41

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

LAKE CITY FL

City & State

Zip

32024

Country

COL.

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

20-2530680

☐ 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

Raymond Billing

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

185 SW Arrowhead Ter Lot 41

Suite, Apt. #, Etc.

City

Lake City

State

FL

Zip Code

32024

☒ 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

Raymond Billing

REGISTERED AGENT MUST SIGN

Date 02-24-10

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
PRES	Raymond Billing	185 SW Arrowhead Ter Lot 41	Lake City FL 32024
VP	MARK VINCENT		

REINSTATEMENT

02-24-10
B2/24/10

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., 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.

SIGNATURE:

Raymond Billing

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-24-10 3865618659

Date

Daytime Phone #