

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 SEP 25 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000074654

1. Corporation Name

TROUPE TRUCKING SERVICES INC

W09-41759

600160735246
09/16/09--01044--007 **1058.75

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

1399 SW STONY AVE

3. Mailing Office Address

10681 NW 107TH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PORT LUCIE, FL

City & State

YUKON, OK

Zip

34953

Country

Zip

73099

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
50-0543108

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
HENRY TROUPE

Street Address (P.O. Box Number is Not Acceptable)
1399 SW STONY AVE

Suite, Apt. #, Etc.

City
PORT LUCIE

State
FL

Zip Code
34953

☐ 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

Henry Troupe
REGISTERED AGENT MUST SIGN

Date 9/11/09

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	HENRY TROUPE-PRES	1399 SW STONY AVE	PORT LUCIE, FL 34953

209/25

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:

Henry Troupe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9-11-09 405-283-0095
Daytime Phone #