

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 NOV -9 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11052007 REIN-P CR2E098 (1/07)

DOCUMENT # P05000077843 1. Entity Name CHARLES ATWELL TRUCKING INC.																																
Principal Place of Business 17188 NW CREEK RD. CLARKSVILLE, FL 32430			Mailing Address 17188 NW CREEK RD. CLARKSVILLE, FL 32430																													
2. Principal Place of Business - No P.O. Box # 16500 S.W. mimosa St Suite, Apt. #, etc.		3. Mailing Address 16500 S.W. mimosa St Suite, Apt. #, etc.																														
City & State Blountstown FL		City & State Blountstown FL																														
Zip 32424	Country Calhoun	Zip 32424	Country Calhoun																													
4. FEI Number 30-0229439			Applied For <input type="checkbox"/> Not Applicable																													
5. Certificate of Status Desired <input checked="" type="checkbox"/>			\$8.75 Additional Fee Required																													
6. Name and Address of Current Registered Agent ATWELL, CHARLES 17188 NW CREEK RD. CLARKSVILLE, FL 32430			7. Name and Address of New Registered Agent Name Atwell, Charles Street Address (P.O. Box Number is Not Acceptable) 16500 S.W. mimosa St City Blountstown FL Zip Code 32424																													
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>Charles Atwell</i></u> 11-8-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">P</td> <td style="width: 30%; text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ATWELL, CHARLES</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>17188 NW CREEK RD.</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>CLARKSVILLE, FL 32430</td> <td></td> </tr> </table>			TITLE	P	<input checked="" type="checkbox"/> Delete	NAME	ATWELL, CHARLES		STREET ADDRESS	17188 NW CREEK RD.		CITY - ST - ZIP	CLARKSVILLE, FL 32430		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">P</td> <td style="width: 30%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Atwell Charles</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>16500 S.W. mimosa St</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>Blountstown FL, 32424</td> <td></td> </tr> <tr> <td colspan="3"> 29 5/30 4/5 4/10 900112179419 11/09/07-01054-013 **158.75 </td> </tr> </table>			TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Atwell Charles		STREET ADDRESS	16500 S.W. mimosa St		CITY - ST - ZIP	Blountstown FL, 32424		29 5/30 4/5 4/10 900112179419 11/09/07-01054-013 **158.75		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>Charles Atwell</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 11-8-07		Daytime Phone # 850-643-7363																											

11/14/07