PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 FEB 19 PM 2:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000119883

1. Corporation Name
PHILLIPS LOADER SERVICES, INC.

REINSTATEMENT

CR2E081 (12/07)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3025 NW 8th ter	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Okeechobee FL	City & State
Zip: 34972 Country	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 8-29-05

5. FEI Number: 20-3384981 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name: DEVON P DONALDSON

Street Address (P.O. Box Number is Not Acceptable): 120 S ANOKA AVENUE

Suite, Apt. #, Etc.:

City: AVON PARK State: FL Zip Code: 33825

☒ 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: Devon P. Donaldson Date: 2-14-08
REGISTERED AGENT MUST SIGN

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
P	CHRIS PHILLIPS	3025 NW 8th ter	Okeechobee FL 34972
VP	CHRISTY PHILLIPS	3025 NW 8th ter	Okeechobee FL 34972

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02/19/08 01051 006 **450.00

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: Christopher Phillips 2/14/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Christy Phillips