

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 OCT 27 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000125203

1. Corporation Name

YANU TRUCKING INC

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

1950 AIROSO BLVD

Suite, Apt. #, etc.

City & State

PT ST LUCIE, FL

Zip

34984

Country

USA

3. Mailing Office Address

P O BOX 13659

Suite, Apt. #, etc.

City & State

FT. PIERCE, FL

Zip

34979

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

09092005

5. FEI Number
20-3486863

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

RICHARD L HEFFERNAN

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

151 MEANDER CIRCLE

Suite, Apt. #, Etc.

City

ROYAL PALM BEACH

State

FL

Zip Code

33411

☒ 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

Richard L. Heffernan
REGISTERED AGENT MUST SIGN

Date 10-15-09

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
P	WILLIAM P HEFFERNAN	PO BOX 13659	FT PIERCE, FL 34979
SEC	TINA L HEFFERNAN	P O BOX 13659	FT PIERCE, FL 34979

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:

William P. Heffernan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/15/09

Daytime Phone #

882-224-8775