

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000047632

1. Entity Name
RJS TRUCK LEASING INC.



FILED
08 OCT 20 AM 10: 07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1968 U.S. 90 W
MADISON, FL 32340

Mailing Address
PO BOX 479
MADISON, FL 32341



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

PO Box 451450

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10132008

REIN-P

CR2E098 (1/07)

City & State

City & State

Kissimmee FL

4. FEI Number

72-1614578

Applied For

Not Applicable

Zip

Country

Zip

Country

34745-1450 USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VINCENT, JAMIE S
1968 U.S. 90 W
MADISON, FL 32340

Name

Jamie S. Vincent

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

402 Simpson Rd

City

Kissimmee, FL

FL

Zip Code

34744

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

Jamie S. Vincent

(NOTE: Registered Agent signature required when reinstating)

DATE

10-17-08

FILE NOW!!! FEE IS \$150.00

After January 1, 2009, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME VINCENT, RICHARD A
STREET ADDRESS 1968 U.S. 90 W
CITY-ST-ZIP MADISON, FL 32340 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Addition
400137066384
10/20/08--01024--019 **150.00

TITLE VP
NAME VINCENT, JAMIE S
STREET ADDRESS 1968 U.S. 90 W
CITY-ST-ZIP MADISON, FL 32340 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Jamie S. Vincent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-17-08 772-260-7422

20 10/21