## 2007 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P06000077238

Entity Name: FLEURANT HAULING INC.

**FILED** Sep 20, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 466 LACK CT KISSIMMEE, FL 34759 **Current Mailing Address: New Mailing Address:** 466 LACK CT KISSIMMEE, FL 34759 FEI Number: 20-4990281 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FLEURANT, FLORANTIN 466 LACK CT KISSIMMEE, FL 34759 US 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. SIGNATURE: FLORANTIN FLEURANT Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition FLEURANT, FLORANTIN Name: Name: 466 LACK CT Address: Address: City-St-Zip: KISSIMMEE, FL 34759 City-St-Zip: Title: VΡ Title: () Change () Addition ( ) Delete FLEURANT, PAULETTE Name: Name: 466 LACK CT Address: Address: KISSIMMEE, FL 34759 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FLORANTIN FLEURANT OWNE 09/20/2007