PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 2007 NOV - 7 AM II: 37
DOCUMENT # PO 6000 151288	SECRETARY OF STATE TALLAHASSEE.FLORIDA
1. Corporation Name 11. d Strate Trucking Inc	IALLANASSELII COMB
Mid State Trucking Inc 5409 Tildens Grove Blud	
Windermere, FL 34786	REINSTATEMENT 07
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 5409 Tiden > Ground P.O. Box 585625	•
5409 Tildens Grove P.O. Box 585625 Suite, Apt. #, etc.	CR2E081 (1/07)
	4. Date Incorporated or Qualified To Do Business in Florida Dec 8 2006
Windermere FL City & State Orlando. FL	5. FEI Number Applied For
Zip Country Zip Country	6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee requirec
34786 Orange 32858 Orange 7. Name and Address of Current Rogistered Agent	for a Certificate of Status
Name Aranda B Fisher	The reinstatement fee is imposed, except in
Street Address (P.O. Box Number is Not Acceptable)	circumstances which the entity did not receive the prior notices. By checking this box, you
Sulto, Apt. #, Etc.	are certifying the prior notices were not received and requesting the reinstatement
City \ State Zip Code	fee be waived.
Windermere FL 34786	
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 Date 10/15/07 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 Street Address of Each Officers and/or Directors Officer and/or Directors	
P Willie B Fisher 5409 Tilden	Stove Blue Windermore Fl 34786
P Vincent T. Bender 5433 Tilden 6	rove Blud Windermore FL 34786
SEC Ananda B. Fisher 5409 Tilden G	
	1394112051172
	11/0//07=-01003 =013* **150.00
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 filling 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:	
SIGNATURE: OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Bate Daytime Phone #	

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