

# **2008 FOR PROFIT CORPORATION REINSTATEMENT**

**FILED**

2008 OCT 17 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10132008 REIN-P CR2E098 (1/07)

<b>DOCUMENT # P06000154687</b>					
1. Entity Name <b>KILPATRICK TRUCKING, INC.</b>					
Principal Place of Business <b>2206 WEST PILAKLAKAHA AVE. ABURDALE, FL 33823</b>			Mailing Address <b>2206 WEST PILAKLAKAHA AVE. ABURDALE, FL 33823</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>20-0965474</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>SPIEGEL &amp; UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City	<b>FL</b>	Zip Code
8. The above named entity submits this statement for the purposes 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 BY: <i>Natalia Utrera</i> <b>NATALIA UTRERA, VICE PRESIDENT</b> (NOTE: Registered Agent signature required when reinstating) DATE: <b>10-16-08</b>					
<b>FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00</b>			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	DPT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KILPATRICK, PAMELA A.		NAME		
STREET ADDRESS	2206 WEST PILAKLAKAHA AVE.		STREET ADDRESS		
CITY-ST-ZIP	ABURDALE, FL 33823		CITY-ST-ZIP		
TITLE	DVS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KILPATRICK, ROBERT L.		NAME		
STREET ADDRESS	2206 WEST PILAKLAKAHA AVE.		STREET ADDRESS		
CITY-ST-ZIP	ABURDALE, FL 33823		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Pamela A. Kilpatrick</i>			Pamela A. Kilpatrick, Pres.		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

**REINSTATEMENT**

**2008**

*[Signature]*

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10/22/08 01030-002 \*\*158.75