

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC 17 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000000506

1. Corporation Name

K & T TRUCKING ENTERPRISES, INC.

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

6377 LAKE PLANTATION DRIVE

Suite, Apt. #, etc

3. Mailing Office Address

P.O. BOX 24668

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

32244

Country

USA

Zip

32241

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida 1/2/07

5. FEI Number
20-8133789

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

KEVIN S GREEN, INC.

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

3617-2 CROWN POINT RD

Suite, Apt. #, etc.

City

JACKSONVILLE

State

FL

Zip Code

32241

☒ 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

Kevin Green

Date 11/22/09

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 Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	KENNETH MCNEIL	6377 Lake Plantation Dr	Jacksonville, FL 32244
	<i>12/18</i>		

10. E-mail Address: KSGREENCPA@AOL.COM

(To be used for future annual report notification)

11. 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. I further certify, 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:

Kenneth McNeil

KENNETH MCNEIL

11/22/09

904-332-6500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #