

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

10 NOV 19 AM 10:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PO7000019517

1. Corporation Name

T.D. Trucking, Inc  
2638 SE Nonnand Street  
Stuart, FL 34997

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

2638 SE Nonnand St  
Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 1014  
Suite, Apt. #, etc.

City & State

Stuart, Florida

Zip

34997

Country

City & State

Hobe Sound, FL

Zip

33455

Country

**REINSTATEMENT**

CR2E0817 (6/10)

09-10

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

☐ 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

Delonis Johnson

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

2638 SE Nonnand St

Suite, Apt. #, Etc.

City

Stuart

State

FL

Zip Code

34997

200187951772  
11/19/10--01002--006 \*\*900.00

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

REGISTERED AGENT MUST SIGN

Date 11/19/10

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
<u>Owner</u>	<u>Delonis Johnson</u>	<u>2638 SE Nonnand St.</u>	<u>Stuart, FL 34997</u>

10. E-mail Address:

(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #