

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC 30 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000034765

1. Corporation Name

K & T TRUCKING OF NORTH FLORIDA, INC

700164049267
12/30/09--01018--004 **300.00

REINSTATEMENT 08-09

CR2E081 (11/09)

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

1361 BERRY LN

3. Mailing Office Address

1361 BERRY LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BONIFAY, FL

City & State

BONIFAY, FL

Zip

32425

Country

USA

Zip

32425

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03-19-2007

5. FEI Number
22-3969070

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

THOMAS TIDWELL

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

1361 BERRY LN

Suite, Apt. #, Etc.

City

BONIFAY, FL

State

FL

Zip Code

32425

☒ 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

Thomas Tidwell

Date 12-08-2009

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
P	THOMAS TIDWELL	1361 BERRY LN	BONIFAY, FL 32425
S/T	KAREN TIDWELL	1361 BERRY LN	BONIFAY, FL. 32425

10. E-mail Address: ULLI@MCQUAIDTAX.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: *Thomas Tidwell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-08-2009

Date

Daytime Phone #