

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 DEC 28 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA


FILING CANCELLED
RETURNED CHECK

200163978932
12/28/09--01039--006 **300.00

REINSTATEMENT 08-09

CR2E081 (11/09)

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P07000093279

1. Corporation Name

EJM Trucking Inc.

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

625 McDevitt St.

Suite, Apt. #, etc.

3. Mailing Office Address

625 McDevitt St.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32805

Country

Orange

Zip

32805

Country

Orange

7. Name and Address of Current Registered Agent

Name

Eddie J. Manns Jr.

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

625 McDevitt St.

Suite, Apt. #, Etc.

City

Orlando, FL

State

FL

Zip Code

32805

4. Date Incorporated or Qualified

To Do Business in Florida 08/20/2007

5. FEI Number

26-0748572

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 12-18-09

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
Pres.	Eddie James Manns Jr.	625 McDevitt St.	Orlando, FL 32805
	Corp. never received notices		
	as shown by changed	<i>12/28</i>	
	mailing address above.		

10. E-mail Address: ejmtrucking@yahoo.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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-18-09

Date

Daytime Phone #