

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P07000135174

1. Corporation Name

Tulsa Heavy Haul, Inc.

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

6525 NE 23rd Avenue

Suite, Apt. #, etc.

City & State

Ocala, FL

Zip

34479

Country

USA

3. Mailing Office Address

P.O. Box 1119

Suite, Apt. #, etc.

City & State

Ocala, FL

Zip

34478

Country

USA

7. Name and Address of Current Registered Agent

Name

Trow & Dobbins, P.A.

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

1301 NE 14th Street

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34470

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 4-9-10

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
D	Tom Fouche	6525 NE 23rd Avenue	Ocala, FL 34479

10. E-mail Address: judy@ocalafirm.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:

Tom Fouche

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9 Apr 2010

Date

352-622-3199

Daytime Phone #

FILED

10 APR 12 AM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 08-10

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
26-1736910

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.