

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

17 MAR 14 PM 4:21

DOCUMENT # **P11000009266**

1. Corporation Name

**JOHN DAKOTA AUSTIN TRUCKING  
INC**

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

**143 TROUVE LN**

Suite, Apt. #, etc.

3. Mailing Office Address

**SAME**

Suite, Apt. #, etc.

City & State

**RUSKIN FL**

City & State

Zip

**33570**

Country

**HILLBORO**

Zip

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

**3/9/11**

5. FEI Number

**35-2400508**

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

**JOHN K SCHEERINGA**

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

**143 TROUVE LN**

Suite, Apt. #, Etc.

City

**RUSKIN**

State

**FL**

Zip Code

**33570**

03/14/17--01007--002 \*\*450.00

**500298174479**  
03/01/17--01019--010 \*\*750.00

8. I declare, on the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0505 or 617.0503, F.S.

I further certify, the information indicated on this application

has 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE: **John K Scheeringa**

GN

Date

**Feb 27, 2017**

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
President	<b>JOHN K SCHEERINGA</b>	<b>143 TROUVE LANE</b>	<b>RUSKIN FL 33570</b>
V Pres	<b>JOHN J SCHEERINGA</b>	<b>143 TROUVE LANE</b>	<b>RUSKIN FL 33570</b>

10. E-mail Address: **JOHN SCHEERINGA@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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

**John K Scheeringa**

**Feb 27, 2017**

Daytime Phone