

**2007 FOR PROFIT CORPORATION
REINSTATEMENT**

FILED

2008 JAN 22 PM 4:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11052007 REIN-P CR2E098 (1/07)

4. FEI Number **54-0492941** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DOCUMENT # P26572
1. Entity Name
ESTES EXPRESS LINES (CORPORATION)



Principal Place of Business
**3901 WEST BROAD STREET
RICHMOND, VA 23230 US**

Mailing Address
**P.O. BOX 25612
RICHMOND, VA 23260 US**

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
1201 HAYES STREET
TALLAHASSEE, FL 32301-2607**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Amanda Roath* **Amanda Roath**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature is required when reinstating) **As its agent** DATE **01-21-08**

FILE NOW!!! FEE IS \$750.00
After January 1, 2008, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRD ESTES, ROBEY W JR. 3901 WEST BROAD STREET RICHMOND, VA 23230	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HUPP, WILLIAM T 3901 WEST BROAD STREET RICHMOND, VA 23230	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARLAND, PATRICIA A 3901 WEST BROAD STREET RICHMOND, VA 23230	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPEIGHT, MARY F 3901 WEST BROAD STREET RICHMOND, VA 23230	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUPP, H.T. JR. 3901 WEST BROAD STREET RICHMOND, VA 23230	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GROVER, MARTHA E 3901 WEST BROAD STREET RICHMOND, VA 23230	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	100115743981
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *GARY D OKES* **GARY D OKES** Date **11/21/07** Daytime Phone #



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032
REFERENCE : 407573 4332148
AUTHORIZATION : *[Handwritten Signature]*
COST LIMIT : \$ 900.00

ORDER DATE : January 18, 2008
ORDER TIME : 9:17 AM
ORDER NO. : 407573-075
CUSTOMER NO: 4332148

REINSTATEMENT

NAME: ESTES EXPRESS LINES

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Roath

EXAMINER'S INITIALS _____