PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~CORPORATION~~
~~REINSTATEMENT~~

FLORIDA DEPARTMENT OF STATE
~~Katherine Harris~~
Secretary of State
DIVISION OF CORPORATIONS

960088

FILED
00 OCT 30 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000015191

1. Corporation Name
No. 1 Bobcat and Trucking, Inc.

2. Principal Office Address	3. Mailing Office Address
2701 SW 154 Lane	2701 SW 154 Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Davie, FL	City & State: Davie, FL
Zip: 33331 Country: Broward	Zip: 33331 Country: Broward

4. Date Incorporated or Qualified To Do Business in Florida: 03/01/1993

5. FEI Number: 650412007 ☐ 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: Damon A. Carroll

Street Address (P.O. Box Number is Not Acceptable): 2701 SW 154 Lane

Suite, Apt. #, Etc.:

City: Davie | State: FL | Zip Code: 33331

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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: Damon Carroll (REGISTERED AGENT MUST SIGN) Date: 10/24/00

CR2E081 (9/99)

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	Damon A Carroll	2701 SW 154 Lane	Davie, FL 33331
S/T	Kellie A Carroll	2701 SW 154 Lane	Davie, FL 33331

10. 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 all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: Damon Carroll (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date: 10/24/00 Daytime Phone #: 954-473-2245