

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P93000033919

**FILED**  
**Jan 30, 2008**  
**Secretary of State**

**Entity Name:** DUMP TRUCK SERVICES, INC.

**Current Principal Place of Business:**

1156 KIRKWOOD ST  
NORTH PORT, FL 342868110

**New Principal Place of Business:**

7077 RIVERSIDE DR  
PUNTA GORDA, FL 33982

**Current Mailing Address:**

1156 KIRKWOOD ST  
NORTH PORT, FL 342868110

**New Mailing Address:**

PO. BOX 510367  
PUNTA GORDA, FL 33950

**FEI Number:** 65-0408681

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DAVID K. OAKS, P.A.  
407 EAST MARION AVENUE  
SUITE 101  
PUNTA GORDA, FL 33950 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: DAVID K. OAKS, P.A.

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: S ( ) Delete  
Name: FAPPIANO, LINDA M  
Address: 2640 GRANDVIEW DRIVE  
City-St-Zip: NORTH PORT, FL 34288

Title: VD ( ) Delete  
Name: FAPPIANO, THOMAS L  
Address: 2777 GASPAS AVENUE  
City-St-Zip: NORTH PORT, FL 34288

Title: PD ( ) Delete  
Name: FALKENSTERN, PETER  
Address: PO. BOX 510367  
City-St-Zip: PUNTA GORDA, FL 33950

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER FALKENSTERN

PD

01/30/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date