PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 JUN -3 PM 3:30
TALLAHASSEE, FLORIDA

DOCUMENT # P93000070499

1. Corporation Name

MAGIC TRUCKING SERVICES, INC.

Principal Place of Business	Mailing Address
8340 American Way Groveland, FL 34738 US	P.O. Box 625 Groveland, FL 34738 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 10/04/1993

5. FEI Number: 59-3208157 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ — $8.75 Additional Fee required for a Certificate of Status

300002935858 -- 1
-06/08/99--01048--024
******181.25 ******8.75

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City, State
EVP	FULMER, BARBARA B.	11050 AUTUMN LANE	CLERMONT, FL
VP	TURNER, CYNTHIA F.	12928 LOOKING BILL LANE	ATHENS, AL
VP	FULMER, PHILIP R.	8000 CHERRY LAKE ROAD	GROVELAND, FL
SEC	FULMER, CARROLL A.	14726 GORD NECK ROAD	MONTE VERDE, FL
RPES	FULMER, TIMOTHY A.	9239 WOODBREEZE BLVD.	WINDERMEERE, FL

TS

8. Name and Address of Current Registered Agent

FULMER, PHILIP R.
8000 CHERRY LAKE ROAD
GROVELAND, FL 34736

9. Name and Address of New Registered Agent

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Name
Street Address (P.O. Box Number Is Not Acceptable)
Suite, Apt. #, Etc.
City — State FL — Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: [signature] REGISTERED AGENT MUST SIGN — Date

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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 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: [signature] Philip Fulmer — (800) 468-9400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #