

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 703000078194

1. Corporation Name

DIXIE ROADS TRUCKING, INC.

W97-20952

FILED

97 OCT -3 AM 9:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

5502 East Shore Drive  
Pensacola, FL 32502

509 Westover Road  
Columbia, SC 29210

REINSTATEMENT 94-97

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

2. New Principal Office Address, If Applicable

5502 East Shore Drive

3. New Mailing Office Address, If Applicable

509 Westover Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pensacola, FL

City & State

Columbia, SC

Zip

32502

Country

Escambia

Zip

29210

Country

Lexington

4. Date Incorporated or Qualified  
To Do Business in Florida

? 10/93

5. FEI Number

57-0989202

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ KK

\$8.75 Additional Fee required  
for a Certificate of Status

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 / Zip
P	JACK FOWLER	509 Westover Road	Columbia, SC 29210
V/S/T	JACQUELINE S. FOWLER	509 Westover Road	Columbia, SC 29210

700002313027-4  
-10/06/97--01144--004  
\*\*\*1253.75 \*\*\*1253.75

8. Name and Address of Current Registered Agent

9. Name and Address of N.

Agent

Name

JACK FOWLER

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

5502 E. Shore Dr

Suite, Apt. #, Etc.

City

PENSACOLA

State

FL

Zip Code

32505

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

Jack Fowler

REGISTERED AGENT MUST SIGN

Date 9/8/97

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. 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)(l), 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:

JACK FOWLER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jack Fowler

Pres

9/8/97

Date

(803)750-6941

Daytime Phone #

(904)469-9954

CR2040 (12/96)