PLEASE READ A	ALL INSTRUCTIONS	BEFORE C	OMPLETING THIS I	FORM.	
APPLICATION FOR 94-97 REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		APPRO AN FILE	NATO Line	
OCUMENT # P930000 04921					
A.J.D. Trucking, Inc.			SECRETARY TALLAHASSEE	E, FLORIDA	
3217 Bridgecove Cir. E. JACKSONVIlle, FL. 32216					
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			Date Incorporated or Qualified Table Properties		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		To Do Business in Florida 5. FEI Number	12-13-1993 Applied For	
City & State	City & State		<u> 59-321445</u>	6 Not Applicable	
Zip Country	Zip Count		CERTIFICATE OF STATUS DESIR	S8.75 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 Name of Officers Street Address of Each Officer and/or Directors Officer and/or Director Officer and/or Director 3 (Do NOT Use Post Office Box Nur				City / State / Zip	
Pres. Albert J. Daigle 3219 Bridgecove Cir. E. Jacksonville, Fl. 32216					
			***12	1 54521-2- /9701137012 53.75 ***1253.75	
			EINSTATEMENT 94-97 a. alan 4/30/9		
8. Name and Address of Current Registered Agent Name		Name	9. Name and Address of New Ro	egistered Agent	
Albart J. Daigle 3217 Bridgecove Cir. E.			O. Box Number is Not Acceptable)		
JACKSONVIlle, FL. 32216 Suite, April			ic		
City			State Zip Code		
10. 1, being appointed the registered agont of the above named corporation, am familiar with and accept the obligations of Section 607,0505, F.S.					
Registered Agent Charles Tereoristered Agent Must sign Date 4-24-97					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes X 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 AND PUPPED OR PRINTED PRINTED OF SIGNING OFFICER OR DIRECTOR DAYS 18 Date Daytine Prione #					