

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION  
FOR  
REINSTATEMENT**



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

**APPROVED  
AND  
FILED**

96 NOV 21 PM 4:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P94000006699**

1. Corporation Name

**TATE TRUCKING, INC.**

Principal Place of Business

Mailing Address

511 NW 78TH TERRACE  
PLANTATION FL 33324

511 NW 78TH TERRACE  
PLANTATION FL 33324

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

01/18/1994

5. FEI Number

65-0484801

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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
DPST	TATE, ROBERT MICHAEL	511 NW 78TH TERRACE	PLANTATION FL 33324
VP	TATE, ROBERT MICHAEL	511 NW 78TH TERRACE	PLANTATION FL 33324
			500002014535--0
			-11/26/96--01107--009
			***375.00 ***375.00

8. Name and Address of Current Registered Agent

**BENSON, WILLIAM H**  
**BENSON, MOYLE & CHAMBERS**  
**NATIONSBANK TOWER, 1 FINANCIAL PLZ #1802**  
**FT. LAUDERDALE FL 33304**

9. Name and Address of New Registered Agent

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 REQUIRED**

Date **Nov 18, 1996**

REGISTERED AGENT MUST SIGN

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)(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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **Nov 18, 1996** Daytime Phone # **854 514 6000**