PLEASE READ A	ALL INSTRUCTIONS	DEFUNE C	Oivir Ele I II voi i	ulon om en en en en	
· APPLICATION FOR	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State				
REINSTATEMENT DIVISION OF CORPORATIONS					
DOCUMENT # P9400021169			'		
Tiger Transportation of Florida, Inc.			99 JAN 1 1 AM 10: 34		
			SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business Mailing Address			IALL	Minon	
· ·				00	
			REINSTA	TEMENT 98-99	
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 3. New Mailing Office Address, If Applicable			Date Incorporated or Qualified		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. FEI Number Applied For		
City & State Plant City Florida	City & State		59-327	Not Applicable	
Zip Country 33566 USA	Zîp Countr	y	CERTIFICATE OF STAT	US DESIRED \$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/o Name of Officers	Stre	eet Address of Each	st 3 directors)		
		icer and/or Director se Post Office Box No		City / State / Zip	
P Jerry K. LAWTON 2504 Robins Dr. Plant City, FL 33500					
			5000	027457757 11/19/99-01142-009 ***750.00 ****751.00	
			5000	757457757 1719/99-01142-010	
		 	*	***150.00 ****950.00	
9 Name and Address of Current	agistared Agent		O. Name and Address	A New Pagistared Agen	
\ <u></u>			9. Name and Address o	of New Registered Agent	
Jerry K. LAWton 1305 Martin Luther King Jr. Blud, Street Addre			(P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.					
Plant City Florida 33566 CII			State Zip Code		
10. I, being appointed the registered agent of the above named corporation, am famillar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN					
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No 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: 12-21-9% 813-759-16/0 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #					