

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE  Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000033706**

1. Corporation Name

MRS. T'S TRUCKING CO.

Principal Place of Business

2324 NEEDLE PALM DRIVE
EDGEMEATER FL 32141

Mailing Address

P.O. BOX 279
EDGEMEATER 32132-0279

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

4. Date Incorporated or Qualified To Do Business in Florida	05/02/1994
5. FEI Number	Applied For
59-3248947	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
DP	WARNOCK, TARA M	2324 NEEDLE PALM DRIVE	EDGEMEATER FL
DST	WARNOCK, GARY P	2324 NEEDLE PALM DRIVE	EDGEMEATER FL
			000003038390--5 -11708/99-01114-005 *****750.00 *****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WARNOCK, TARA M
2324 NEEDLE PALM DRIVE
EDGEMEATER FL 32141

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

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

Tara M. Warnock

REGISTERED AGENT MUST SIGN

Date *10/15/99*

CR2040 (8/99)

11. 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:

Tara M. Warnock

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TARA M. WARNOCK

10/15/99 904-451-3902

Date *10/15/99* Day *15* Case # *904-451-3902*

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