

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR:
REINSTATEMENT



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

FILED

96 DEC -2 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000081988**

1. Corporation Name
GARY WHITE TRUCKING, INC.

Principal Place of Business
P.O. BOX 702336
ST. CLOUD FL 34770

Mailing Address
P.O. BOX 702338
ST. CLOUD FL 34770



REINSTATEMENT

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11/04/1984	
City & State		City & State		5. FEI Number	
Zip		Country		59-3278084	
				Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>					

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
D	WHITE, GARY	P.O. BOX 702338 N/A	ST CLOUD FL 34770

900002020219--9
-12/04/96--01120--020
*****375.00 *****375.00

VB12-2-96

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent			
DANLEY, RICHARD D 3501 13 STREET ST CLOUD FL 34769		Name: GARY E WILK			
		Street Address (P.O. Box Number is Not Acceptable): 4118 LAKE TRUDY DRIVE			
		Suite, Apt. #, Etc.: 4118 LAKE TRUDY DRIVE			
		City: ST. CLOUD		State: FL	Zip Code: 34769

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: *Mary* **SIGNATURE REQUIRED** Date: **9/25/96**

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 included on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *SIGNATURE REQUIRED* Date: **9/25/96** Daytime Phone #: **892-9003**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR