

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 JUN -1 AM 11:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000002610

1. Corporation Name

BIG M TRANSPORTATION, INC.

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

1995

5. FEI Number

59-3316528

Added For
Not

6. CERTIFICATE OF STATUS DESIRED ☐

2. Principal Office Address

19051 SE Highway 19

3. Mailing Office Address

P.O. Box 896

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Inglis, FL

City & State

Inglis, FL

Zip

34449

Country

USA

Zip

34449

Country

USA

7. Name and Address of Current Registered Agent

Name

William J. Haley

Street Address (P.O. Box Number is Not Acceptable)

10 N. Columbia Street

Suite, Apt. #, Etc.

City

Lake City

State
FL

Zip Code
32055

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

5/16/00

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Ronald McMurrer	19051 SE Highway 19	Inglis, FL
VP	Michael McMurrer	19051 SE Highway 19	Inglis, FL
ST	Bobbie McMurrer	19051 SE Highway 19	Inglis, FL

LS

10. 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 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 taxes 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 AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Ronald McMurrer

5/25/2000