

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 24 PM 12:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000011746

1. Corporation Name

P.A.W. & SON TRANSPORTATION, INC.

Principal Place of Business

11216 MERCEDES ST.  
SPRING HILL FL 34609

Mailing Address

PO BOX 323  
CAPRON IL 61012  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/24/03--01017--031 \*\*150.00  
02/10/1995

5. FEI Number

36-3569056

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	ANDERSON, PATRICIA A	8855 EDSON RD	CAPRON IL 61012
VP	GARY J. ANDERSON	11233 MERCEDES ST.	SPRING HILL FL
T	ANDERSON, PATRICIA A	8855 EDSON ROAD	CAPRON IL 61012
S	ANDERSON, AMBER M S	13906 DENNY RD	CAPRON IL 61012

8. Name and Address of Current Registered Agent

GARY J. ANDERSON  
11233 MERCEDES ST.  
SPRING HILL FL 34609

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. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 10-18-03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*[Signature]* Patricia Anderson 10-18-03 865692581

CR2E040 (7/03)

# P.A.W. TRUCKING

I.C.C. COMMON/CONTRACT CARRIER MC239500  
8855 EDSON RD.  
CAPRON, IL. 61012

To Whom it May Concern:

I recieved no other notification prior to this application.  
Please accept my check for \$150.

Sincerely,  
Patiricia Anderson

A handwritten signature in cursive script, appearing to read "Patricia Anderson", written over a horizontal line.