

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION  
REINSTATEMENT**



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

02 JUN 19 PM 12:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P95000048585**

**1. Corporation Name**

Florida Pro-Line Truck Service, Inc.

**2. Principal Office Address**

550 N. RCO Street

**3. Mailing Office Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, Florida

City & State

Zip

33609-1013

Country

Hillsborough

Zip

Country

100006041071--8

-06/26/02--01047--010

\*\*\*1123.75 \*\*\*1123.75

**4. Date Incorporated or Qualified  
To Do Business in Florida**

6/19/95

**5. FEI Number**

59-334-0946

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☒**

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Bill M. Shaw

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

550 N. RCO Street

Suite, Apt. #, Etc.

City

TAMPA

State  
FL

Zip Code

33609-1013

**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

Bill M. Shaw

REGISTERED AGENT MUST SIGN

Date April 10, 02

**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
D	Anthony E. Keyes	5803 W. Miley Rd	Plant City, FL 33565
D	GuaGLiardo, Sal	6602 Glencoe Rd	Temple Terrace, FL 33617

**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 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

4-10-02

Daytime Phone #

813-298-2522

April 5, 2002

Anthony Keyes  
Florida Pro-Line Truck Service, Inc.  
550 N. Reo Street  
Tampa, FL 33609-1013

Document # P95000048585

To Whom It May Concern,

I recently switched accounting firms and during my conversion it was discovered that my corporation was considered inactive. My current accountant researched the issue and notified me of this problem. Through their conversations with me, we believe that we have not received the Uniform Business Information Report to complete and therefore have not filed this document.

I therefore, respectfully request that you permit me to reinstate my company and abate the reinstatement fee. After talking to one of your representatives, they explained the amount I should submit which totals \$1,050.00. I have therefore enclosed this amount plus \$8.75 for a certificate of status totaling \$1,058.75.

Thank you for your attention to this matter.

Sincerely,

Anthony E. Keyes

