

APPROVED
AND
FILEDCORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

00 JAN -7 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 95000086310

1. Corporation Name

GILL TRUCKING

2. Principal Office Address

560 MAIGE ROAD

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL

Zip

32310

Country

USA

3. Mailing Office Address

560 MAIGE ROAD

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL

Zip

32310

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59 3356217

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

JONATHAN H. GILL

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

557 MAIGE ROAD

Suite, Apt. #, Etc.

City

TALLAHASSEE

State
FLZip Code
32310

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

1/7/00

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
P	JEFFREY GILL	557 MAIGE ROAD	TALLAHASSEE/FL/32310
VP	JONATHAN GILL	560 MAIGE ROAD	TALLAHASSEE/FL/32310
T	HAL GILL	2510 HASTINGS DR	TALLAHASSEE/FL/32303

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: JONATHAN H. GILL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/00 (850) 510-8132

Date

Daytime Phone #