


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 06 OCT 13 PM 12:09 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P95000086310				
1. Corporation Name Gill Trucking, Inc. Tallahassee, FL 32310				
2. Principal Office Address 560 Maige Rd. Suite, Apt. #, etc.		3. Mailing Office Address 400 Frances Dr. Suite, Apt. #, etc.		
City & State Tallahassee, FL		City & State Havana FL		
Zip 32310	Country Leon	Zip 32333	Country Garden	
		4. Date Incorporated or Qualified To Do Business in Florida		
		5. FEI Number 59-3356217		
		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		
7. Name and Address of Current Registered Agent				
Name Jonathan H. Gill				
Street Address (P.O. Box Number is Not Acceptable) 400 Frances Dr.				
Suite, Apt. #, Etc.				
City Havana				
State FL				
Zip Code 32333				
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 <i>[Signature]</i>				
REGISTERED AGENT MUST SIGN				
Date 10/12/06				
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 Lee Gill	560 Maige Rd.	Tallahassee, FL 32310	
VP	Jonathan Hal Gill	400 Frances Dr.	Havana, FL 32333	
TR	Hansel 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 contained in Chapter 19, 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: <i>[Signature]</i>				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				
Date 10/12/06				
Daytime Phone # 528-5729				