PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAY 14 AM 11:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000087777

1. Corporation Name
Balkcum Truck Brokers, Inc.

2. Principal Office Address	3. Mailing Office Address
1307 W. Haines St.	P.O. Box 3805
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Plant City, Fl.	City & State: Plant City, Fl.
Zip: 33566 Country: U.S.	Zip: 33566 Country: U.S.

800036508298
05/17/04--01030--001 **1050.00

4. Date Incorporated or Qualified To Do Business in Florida: 11-15-95

5. FEI Number: 59-3355761 ☐ 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: Henry Balkcum

Street Address (P.O. Box Number is Not Acceptable): 3606 Edwards Rd.

Suite, Apt. #, Etc.:

City: Plant City State: FL Zip Code: 33567

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: Henry Balkcum Date: 5-14-04
REGISTERED AGENT MUST SIGN

CR2E061 (01/04)

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
President	Henry Balkcum	3606 Edwards Rd.	Plant City, Fl. 33567
Vice President	Carlene Balkcum	3606 Edwards Rd.	Plant City, Fl. 33567
		REINSTATEMENT 05-14-04	

10. I certify that I am an officer or director of the corporation 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: Henry Balkcum 5-14-04 (813) 752-4401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #