


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED JUN 25 PM 2:28 TALLAHASSEE, FLORIDA	
DOCUMENT # P96000001221					
1. Corporation Name ROBIN PRITCHETT TRUCKING, INC.,					
Principal Place of Business 185 NW 4th Avenue Lake Butler, Fl 32054			Mailing Address		
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		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip		4. Date incorporated or Qualified To Do Business in Florida 12/28/95	
				5. FEI Number 59-3351237	
				Applied For Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
P/S/T/D	Robin P. Wilson	1050 Southeast 6th Street	Lake Butler, Fl 32054		
8. Name and Address of Current Registered Agent Frank M. Gafford 228 East Duval Street Lake City, Fl 32055			9. Name and Address of New Registered Agent Name Capital Connection, Inc. Street Address (P.O. Box Number is Not Acceptable) 417 East Virginia Street Suite, Apt. #, Etc. Suite 1 City Tallahassee		
			State FL		
			Zip Code 32301		
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. Signature of Registered Agent <i>Lauren Strong</i> Date June 25, 1999 Lauren Strong, Client Representative					
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)					
12. 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: <i>Robin P. Wilson</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			6-23-99 Date		904-496-2630 Daytime Phone #

CR2E040 (1/98)