

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

FILED

01 DEC 31 PM 12:02

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # 96060013339

200004769882-2

1. Corporation Name

Frank Walker Trucking, Inc.

2. Principal Office Address

303 NE 5th Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Chiefland, Florida 32626---

City & State

Zip

32626

Country

Levy

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1-1-96

5. FEI Number

65-0638251

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

Frank Walker

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

303 N E 5th Avenue

Suite, Apt. #, Etc.

City

Chiefland, Florida

State

FL

Zip Code

32626

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

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
Pres.	Frank Walker	303 NE 5th Avenue	Chiefland, Florida 32626
Sec.	Mary Walker	303 NE 5th Avenue	Chiefland, Florida 32626

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:

Frank Walker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-28-01

Date

(352) 490-5713

Daytime Phone #

CR2E081 (9/00)

2052

December 28, 2001

Department of State
Division of Corporations
P O Box 6327
Tallahassee, Florida 32314

Sirs:

In February of 2001 I mover from Auburndale, Florida to
Chiefland, Florida, leaving instructions that all mail to
be forwarded to me at my new address.

This was never done.

When I realized that my renewal for Corporation was not
not received I called your office to request a copy of the forms
be sent me. The first I received from your office was a
notice that my Corporation was to be dissolved. I again
called your office and received the enclosed.

I am enclosing this form along with my check in the amount
of \$150.00 for renewal.

Trusting this will be acceptable to you.

Yours truly


Frank Walker