APPROVED
AWS

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
1998 NOV 17 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000018360

1. Corporation Name: C.B.E. TRUCKING Co., INC.

Principal Place of Business / Mailing Address:
22501 Bonita Grand Drive
Bonita Springs, FL. 33923

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT '97-98

SCC 11-17-98

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable
3994 Mercantile Ave.	3994 Mercantile Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NAPLES, FL.	City & State: NAPLES, FL.
Zip: 34104 Country: #	Zip: 34104 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 2-28-95

5. FEI Number: 65-0395170 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ SB 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres.	R.E. CADENHEAD	3145 Cherokee St.	NAPLES, FL. 34112
VP	CALEB CADENHEAD	3145 Cherokee St.	NAPLES, FL 34112
Sec/Treas	ROBERT CADENHEAD	3434 OSCEOLA AVE	NAPLES, FL 34112
			600002692756--0
			-117207 38--01060--008
			****900.00 ****900.00

8. Name and Address of Current Registered Agent:
CARL N. WINSLOW
2125 First St. Suite 100
Ft. Myers, FL. 33901

9. Name and Address of New Registered Agent:
Name: R.E. CADENHEAD
Street Address (P.O. Box Number is Not Acceptable): 3145 Cherokee St.
Suite, Apt. #, Etc:
City: NAPLES State: FL Zip Code: 34112

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: [signature] Date: 11-16-98
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☑ No ☐ (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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] 11/16/98 (941) 643-0202