

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

1998 JAN 20 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # 991000044105
1. Corporation Name
TRIPLE K TRUCKING INC.

Principal Place of Business Mailing Address
12180 Glenmore Drive same
CORAL SPRINGS, FL 33071

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida May 17, 1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0667352	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" 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)			
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./Dy Sec./Treas.	Carol Gerard	12180 Glenmore Drive	CORAL SPRINGS / FL / 33071
V.P.	Yvonne Butler	Rte 1 Box 1529A	O Brian / FL / 33071
			900002400199--4 -01/22/98--01035--012 ****923.75 ****923.75

REINSTATEMENT

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8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
		Name Carol Gerard	
		Street Address (P.O. Box Number is Not Acceptable) 12180 Glenmore Drive	
		Suite, Apt. #, Etc.	
		City CORAL SPRINGS	State FL Zip Code 33071

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 *Carol Gerard* REGISTERED AGENT MUST SIGN Date 1/19/98

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 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: *Carol Gerard* Carol Gerard, Pres. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 1/19/98 954 344-9594 Daytime Phone #

CR2040 (12/96)