

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
13 OCT -3 PM 4:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000054950**

1. Corporation Name
F&D Trucking Inc.

2. Principal Office Address - No P.O. Box # 3809 WINDSOR		3. Mailing Office Address 3809 WINDSOR AVE	
Suite, Apt. #, etc. Avenue		Suite, Apt. #, etc. West Palm Beach	
City & State West Palm Beach FL		City & State West Palm Beach FL	
Zip FL 33407	Country Palm Beach	Zip 33407	Country Palm Beach

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
65-0701411

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Franklin McInnis

Street Address (P.O. Box Number is Not Acceptable)
3809 WINDSOR AVENUE

City
West Palm Beach

State
FL

Zip Code
33407

700251888417
10/03/13--01033--009 **\$900.00

700251888417
09/19/13--01015--002 **\$750.00

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 **Franklin McInnis** Date **9/16/2013**

REGISTERED AGENT MUST SIGN

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

10. E-mail Address: _____
(To be used for future annual report notification)

11. 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. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE: **Franklin McInnis** Date **9/30/2013** 561-818-7282

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OCT 03 2013