

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000058821

1. Corporation Name

Moore + Son Trucking Inc.

2. Principal Office Address

1202 Jackson Ave.

Suite, Apt. #, etc.

City & State

Chipley Fla.

Zip

32428

Country

USA

3. Mailing Office Address

Chipley Fla. 32428

Suite, Apt. #, etc.

City & State

Chipley Fla.

Zip

32428

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3391207

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

Dora R. Moore

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

1202 Jackson Ave

Suite, Apt. #, Etc.

City

Chipley, Fla.

State

FL

Zip Code

32428

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

Dora R. Moore

REGISTERED AGENT MUST SIGN

Date 11-20-00

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	Dora R. Moore	1202 Jackson Ave.	Chipley Fla. 32428
Vice Pres	Brent D. Moore	88 Powell Lane	Harlem, Fla. 32333

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:

Dora R. Moore Dora R. Moore

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-20-00

Date

638-3601

Daytime Phone #

CR2E081 (9/99)

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Nov. 20, 2000

I have not received any information
concerning any fees or status of ~~Corporate~~ Corporation
due to a change of address.

Dora R. Moore