

2004 FOR PROFIT CORPORATION REINSTATEMENT

ON DEC 22 AM 11:49
FILED
AND
APPROVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000078366

1. Entity Name
GLENDAL TRUCKING, INC.



Principal Place of Business
**921 COUNTY HIGHWAY 185
DEFUNIAK SPRINGS, FL 32433**

Mailing Address
**921 COUNTY HIGHWAY 185
DEFUNIAK SPRINGS, FL 32433**

REINSTATEMENT



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

12202004 REIN-P CR2E098 (6/04)

4. FEI Number
31-1492631

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**LAIRD, C. WYNDOL
921 COUNTY HIGHWAY 185
DEFUNIAK SPRINGS, FL 32433**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Cyrus Wyndol Laird **12-20-04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D LAIRD, C. WYNDOL 921 COUNTY HIGHWAY 185 DEFUNIAK SPRINGS, FL 32433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D LAIRD, BECKY 921 COUNTY HIGHWAY 185 DEFUNIAK SPRINGS, FL 32433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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100043587671
12/22/04--01061--016 **750.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Cyrus Wyndol Laird **12-20-04** **850-859-2523**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #