

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 APR -9 AM 11: 06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000093230

1. Corporation Name

GFS Trucking INC

2. Principal Office Address

6715 Cape Sable Way

Suite, Apt. #, etc.

#6

City & State

ST. Pete FLA.

Zip

33702

Country

FLORIDA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

SAME

City & State

SAME

Zip

SAME

Country

SAME

4. Date Incorporated or Qualified
To Do Business in Florida

1996

5. FEI Number

59-3411493

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

1A \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

George Sinclair

200004014932--8

-04/18/01--01020--021

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

6715 CAPE SABLE Way N.E.

****900.00 ****900.00

Suite, Apt. #, Etc.

#6

City

ST. Pete FLA.

33702

State
FL

Zip Code

33702

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

George Sinclair

REGISTERED AGENT MUST SIGN

Date 3/20/01

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	George Sinclair	6715 Cape Sable Way N.E.	ST. Pete FLA 33702
SECRETARY	George Sinclair	6715 Cape Sable Way N.E.	ST. Pete FLA 33702

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: George Sinclair

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/01

Date

727.521.1654

Daytime Phone #

CR2E081 (9/00)