

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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



FILED
 97 NOV 14 PM 1:21
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P96000097502

1. Corporation Name
BLACK LABEL TRUCKING, INC.

Principal Place of Business 17897 S.E. 51ST STREET OCKLAWAHA FL 32179	Mailing Address 17897 S.E. 51ST STREET OCKLAWAHA FL 32179
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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 11/26/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3451379	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input 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
D	WALKER, JOHN B	17897 S.E. 51ST STREET	OCKLAWAH F L3217
D	WALKER, CYNTHIA A	17897 S.E. 51ST STREET	OCKLAWAH F L3217
			200002350262-6 -11/18/97-01038-002 ****165.00 ****165.00

8. Name and Address of Current Registered Agent WALKER, JOHN B 17897 S.E. 51ST STREET OCKLAWAHA FL 32179		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL	
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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 John B. Walker REGISTERED AGENT MUST SIGN Date 11-10-97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: John B. Walker **JOHN B. WALKER** 11-10-97 352-625-9304
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

C22E040 (8/97)