

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
98-99 AIC

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

DOCUMENT #

1. Corporation Name ED KIMBALL & SONS TRANSPORTATION SERVICES, INC.

Principal Place of Business  
300 N KROME AV  
BLDG 11-A #4  
FLORIDA CITY, FL 33034

Mailing Address  
P O BOX 901302  
HOMESTEAD, FL 33090

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 4/07/97	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0744239	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	ED KIMBALL	27815 E MAIN DR	WATERFORD, WI 53185
D	MADelyn KIMBALL	27815 E MAIN DR	WATERFORD, WI 53185
D	KEVIN KIMBALL	4136 EAU CLAIRE TRAIL	PRYOR LAKE, MN 55372

8. Name and Address of Current Registered Agent

HARVEY L RUBINCHIK  
1776 N PINE ISLAND RD  
PLANTATION, FL 33322

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State FL	Zip Code

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

REGISTERED AGENT MUST SIGN

Date

7/2/99

11. This corporation owes 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:

Madelyn Kimball

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-28-99 305-246-1204

Date

Daytime Phone #

FILED

99 JUL -6 PM 3:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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\*\*\*308.75 \*\*\*308.75

CR2E081 (12/98)

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P O BOX 6327  
TALLAHASSEE, FL 32314

DEAR MR. HAMPTON,

THIS IS A REQUEST TO WAIVE THE RE-INSATEMENT FEE. THE  
FORMS HAD NOT BEEN RECEIVED BY EITHER OUR ATTORNEY OR US.

SINCERELY,



MADELYN KIMBALL, DIRECTOR  
ED KIMBALL & SONS TRANSPORTATION SERVICES, INC  
P O BOX 901302  
HOMESTEAD, FL 33090

05/27/99  
DATE