

PLEASE READ ALL INSTRUCTIONS BEFORE CC

FILED
May 18, 2005 8:00 am
Secretary of State

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **7000038491**

1. Corporation Name **Peavy Trucking, Inc.**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT **03-05**

RECORDED MAY 24 2005

10/28/04 01035 007 150.00
10/4/04 01045 001 150.00

2. Principal Office Address

4932 Shady Creek Drive

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Keystone Heights, Fl

City & State

Zip

Country

32656

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3448249

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

HF Peavy

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

4932 Shady Creek Drive

Suite, Apt. #, Etc.

200055413942

05/27/05--01051--012 **150.00

City

Keystone Heights, Fl 32656

State

FL

Zip Code

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

HF Peavy

REGISTERED AGENT MUST SIGN

Date **5/13/05**

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	HF Peavy	4932 Shady Creek Drive	32656 Keystone Heights, Fl

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: *HF Peavy*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/13/05

Date

352-473-6722

Daytime Phone #

CR2E081 (01/05)