


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 DEC 20 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P970000645076

1. Corporation Name

Ben's Trucking Inc.

2. Principal Office Address

2901 S.W. 12th St
Suite, Apt. #, etc.

3. Mailing Office Address

2901 S.W. 12th St
Suite, Apt. #, etc.

City & State

Ocala, FL

City & State

Ocala, FL

Zip

34474

Country

U.S

Zip

34474

Country

U.S

4. Date Incorporated or Qualified
To Do Business in Florida

1997

5. FEI Number

59-3295314

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 04-06
CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

Ben Adams Jr.

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

2901 S.W. 12th St

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34474

400082683084

12/20/06--01051--011 **458.75

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

Date

REGISTERED AGENT MUST SIGN

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
owner	Ben Adams Jr.	2901 SW 12 th Street	Ocala, FL 34474
V.P.	Gleaner Harvey	2901 SW 12 th Street	Ocala, FL 34474

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 contained in Chapter 119, 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:

Gleaner Harvey Gleaner Harvey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-19-06

Date

352 825-6384

Daytime Phone #

mrs. Harvey gave verbal permission over telephone
to add officer/director addresses.

JC 12/21