	EASE READ	ALLINST	RUCT	S BEFORE (COMPLET	ING THIS FO		
APPLICATION FOR	-	FL RI	A DEPART ME Sand a B M Sec etary of		7			•
DOCUMENT # P97000075776					98 NOV 25 PM 1:28			
1. Corporation Name TRUCK SERVICE OF ORLANDO, INC.					SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business Mailing Address]			
411 N ORANGE BLOSSOM TRAIL ORLANDO FL 32805		411 N ORANGE BLOSSOM TRAIL ORLANDO FL 32905						
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					1			
Suite, Apt A. etc.	New Mailing Office Address, If Applicable Suite, Apt. #, etc.			Date Incorporated or Qualified To Do Business in Florida 08/29/1997				
City & State	-n or	City & State	SAME	4.8	5. FEI Number 59-34	88805	Applied For Not Applica	
	untry Orange	Zip	Coun	try	6. CERTIFICATE	OF STATUS DESIRED	\$8.75 Additional Fee requestion a Certificate of State	ulred us
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)								
Title(s) Name of Officers Street Address of Each Officer and/or Directors Officer and/or Director 3 (Do NOT Use Post Office Box Nu					•	4	ilty / State / Zip	
Pres. Robert Wigton 808 Egan Dr Orl. Fl 32822								
Sa Melanie Wigton 808 Egani						Orlifi	32-822	
		6						
* MBAT 7m 1					1000027069813 -12/09/3801032018			
			B	12/7/9	18 AKC	****150	.00 ****150.00)
8. Name and Address of Current Registered Agent Name					9. Name and Address of New Registered Agent Pert Wiston			
					P.O. Box Number is Not Acceptable)			
				city pla	ndo		State Zip Code 200	$\overline{}$
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								
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No								
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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 1 16 98 407-273-21								

DEPARTMENT OF STATE

REF: REINSTATEMENT OF TRUCK SERVICE OF ORLANDO

REF: P97000075776

To: WHOM IT MAY CONCERN

NOVEMBER 20,1998

IN PHONE CONVERSATION WITH YOUR OFFICE, PLEASE SEE THE ENCLOSED APPLICATION, WHICH HAS BEEN COMPLETED AS PER INSTRUCTED. THIS LETTER IS ENREGUARDS TO THE TARDINESS OF THE APPLICATION. SEVERAL ATEMPS WERE MADE TO SEND IN THE COMPLETED APPLICATION AND DUE TO REASON NOT UNDERSTOOD BY US THE APPLICATIONS WERE RETURNED SEVERAL TIMES. YOUR UNDERSTANDING OF THE CIRCUMTANCES IS APPERCIATED.

ROBERT WIGTON

PRESIDENT