PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT 98 APR

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

RECEIVED AND FILED
98 DEC 17 PM 1:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000083261

1. Corporation Name

Norman Trucking, Inc.

Principal Place of Business / Mailing Address

~~Rt 1 Box 439~~
~~Lawtey, FL 32058~~

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
405 W. Georgia St.	PO Box 712
Suite, Apt. #, etc. Suite A	Suite, Apt. #, etc.
City & State Starke, FL	City & State Starke, FL
Zip 32091 Country Bradford	Zip 32091 Country Bradford

4. Date Incorporated or Qualified To Do Business in Florida: Sept 27, 1997

5. FEI Number: 59-3489476 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $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
Pres.	Sharon Norman	405 W. Georgia St. Suite A	Starke, FL 32091
			100002722661--1 -12/24/98--01107--014 ****158.75 ****158.75

8. Name and Address of Current Registered Agent

Sharon Norman
405 W. Georgia St.
Suite A.
Starke, FL 32091

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

CR2E040 (1/98)

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: Sharon Norman — Date: 12/3/98
REGISTERED AGENT MUST SIGN

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: Sharon Norman — 12/3/98 — 904-964-2209
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

12/3/98

Dear Mr. Hampton:

As per our conversation I'm submitting a rein-statement application. We never received anything to re-new this. Our address had been changed because of the county issuing orders to have everything under a 911 address. I am submitting a check for $150.00 for Corporation Fees. Please waive the additional $100.00 as I never was notified of renewal.

Sincerely,

Sharon Norman