

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # P97000108583

1. Corporation Name

OVERSTREET TRUCKING, INC.

Principal Place of Business

PO BOX 257
TRENTON FL 32693

Mailing Address

PO BOX 257
TRENTON FL 32693

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

12/26/1997

5. FEI Number

592511144

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)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip |
|---------------|---|--|-------------------------|
| P | Louis T Overstreet | 9609 SW 10th Ave | Trenton FL 32693 |
| VP | Judith F Overstreet | 9609 SW 10th Ave | Trenton FL 32693 |
| VP | Eddie L Perryman | 8530 SE 10th Ave | Trenton FL 32693 |
| S | Robin O Perryman | 8530 SE 10th Ave | Trenton FL 32693 |
| | | | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

FEAGLE, MARLIN M
101 E MADISON ST
LAKE CITY FL 32055

9. Name and Address of New Registered Agent

Name: Steven M Chamberlain PL
Street Address (P.O. Box Number is Not Acceptable): 612 DE 13 Street
Suite, Apt. #, Etc.:
City: Gainesville FL
State: FL Zip Code: 32601

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

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:

[Signature] Robin O Perryman 3-1-99 3524237056
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (9/98)