

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000010672

1. Corporation Name

RIPPLINGER TRANSPORT, INC.

Principal Place of Business

2382 NE 203RD ST
LAWTEY FL 32058

Mailing Address

P.O. BOX 86
STARKE FL 32091

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

02/01/1998

SP

5. FEI Number

59-3493585

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 3	City / State / Zip 4
P	RIPPLINGER, ED	2386 NE 203 RD ST	LAWTEY FL 32058
VP	RIPPLINGER, JULIA W	PO BOX 831	LAKE BUTLER FL 32054
VP	RIPPLINGER, JULIA W	2386 NE 203 RD ST	LAWTEY FL 32058
S	RIPPLINGER, MICHAEL W	PO BOX 831	LAKE BUTLER FL 32054
T	RIPPLINGER, JOHN G	2386 NE 203RD ST	LAWTEY FL 32058
			900003470939--5
			-11/20/00--01133--008
			****750.00 ****750.00

8. Name and Address of Current Registered Agent

RIPPLINGER, ED
2386 N.E. 203RD ST.
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

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 REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-23-00

11. 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-23-00

Daytime Phone #

904 964 3999