

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

**APPLICATION
FOR
REINSTATEMENT**



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

APPROVED
AND
FILED

01 FEB 14 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000039485

1. Corporation Name

J & M TRUCK LINES, INC.

Principal Place of Business

17800 OLD BAYSHORE ROAD
NORTH FORT MYERS FL 33917

Mailing Address

17800 OLD BAYSHORE ROAD
NORTH FORT MYERS FL 33917

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/01/1998

5. FEI Number

65-0838442

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	4 City / State / Zip
PD	LAND, TONY	17800 OLD BAYSHORE ROAD	NORTH FORT MYERS FL 33917
VSTD	LAND, LADONNA	17800 OLD BAYSHORE ROAD	NORTH FORT MYERS FL 33917
			100003746671--0 -02/22/01--01008--011 ****900.00 ****900.00

REINSTATEMENT 2000-01

8. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

Spiegel & Utrera, P.A.

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

343 Almeria Avenue

Suite, Apt. #, Etc.

City

Coral Gables

State

FL

Zip Code

33134

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

Spiegel & Utrera, P.A.

By:

Natalia Utrera, Vice President

Date

2/13/01

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:

Tony Land
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-8-01 941 940 1797

Daytime Phone #

CR2E040 (8/00)