PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE → APPLICATION Katherine Harris FILED **FOR** Secretary of State REINSTATEMENT 00 MAR 20 PM 4: 08 DIVISION OF CORPORATIONS P98000043721 DOCUMENT # SECRETARY OF STATE TALLIAMASSEE, FLORIDA 1. Corporation Name HUMMER TRUCKING INC. Principal Place of Business Mailing Address 8224 GOLDEN BEAR LOOP 8224 GOLDEN BEAR LOOP PORT RIGHEY FL 34668 PORT RICHEY FL 34668 If above addresses are incorrect in any way, line through incorrect information and enter correction below. Date Incorporated or Qualified 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable To Do Business in Florida 05/14/1998 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State Not Applicable \$8.75 Additional Fee required Country Zip Country CERTIFICATE OF STATUS DESIRED 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) Name of Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip Title(s) 8224 Golden Bearlug <u> 00317/5470--</u> -04/04/00--01082--001 DD0003195470--4 04/04/00--01082--002 \*\*\*\*500.00 \*\*\*\*<u>\$</u>[]] .[][] 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent HUMMER, TAMMY O. Box Number is Not 6707 PARKSIDE DR. **NEWPORT RICHEY FL 34653** 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. REQUIRED Signature of Registered Agent 0.20.99 REGISTERED AGENT MUST SIGN 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 filling 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.