

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 APR 29 PH 3:53

DOCUMENT # P98000055759

1. Corporation Name

ELIUM TRUCKING, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-03

Principal Place of Business

Mailing Address

2084 LONG JOHN TRAIL
YULEE FL 32097

2084 LONG JOHN TRAIL
YULEE FL 32097



900017229679
04/28/03--01137--026 **900.00

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

4. Date Incorporated or Qualified
To Do Business in Florida

06/22/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3522499

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
PD	ELIUM, WALTER D JR	2084 LONG JOHN TRAIL	YULEE FL 32097
STD	ELIUM, TONYA H	2084 LONG JOHN TRAIL	YULEE FL 32097

8. Name and Address of Current Registered Agent

MURPHY, TRAVIS M
205 1/2 CENTRE STREET
FERNANDINA BEACH FL 32034

9. Name and Address of New Registered Agent

Name

A. Jeffrey Tomassetti

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

406 Ash St.

Suite, Apt. #, Etc.

City

Fernandina

State

FL

Zip Code

32034

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. or 617.0505, F.S.

Signature of
Registered Agent

C. SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/31/02

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:

Walter D. Elum
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-31-02

Daytime Phone #

904-759-7527

CR2E040 (8/02)