

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10F2

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Kathleen Harris  
Secretary of State  
Division of Corporations

**DOUBT**

FILED

00 NOV -3 PM 2:00

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P98000062374

1. Corporation Name

NUTTY BUDDY TRUCKING, INC.

Principal Place of Business

4125 S.W. 24TH STREET  
SUITE A  
PLANTATION FL 33317

Mailing Address

4125 S.W. 24TH STREET  
SUITE A  
PLANTATION FL 33317

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

07/13/1998

5. FEI Number

65-0875751

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
PDT	EVANS, FONSECO	4125 S.W. 24TH STREET, SUITE A	PLANTATION FL 33317
			0000003473190--1 -11/21/00--01097--012 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

EVANS, FONSECO  
4125 S.W. 24TH STREET  
SUITE A  
PLANTATION FL 33317

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**

Date

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 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

Daytime Phone #

**KE**

CR2E040 (8/00)

282

OCTOBER 30, 2000

FLORIDA DEPARTMENT OF CORPORATIONS  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FLORIDA 32314-6327  
SENT CERTIFIED MAIL

RE: NUTTY BUDDY TRUCKING, INC.  
4125 SW 24<sup>TH</sup> STREET  
PLANTATION, FL. 33317  
P-98000062374

GENTLEMAN:

IN RECEIPT OF YOUR LETTER INDICATING THE LIQUIDATION OF THE  
ABOVE NAMED CORPORATION, PLEASE RECONSIDER THE FOLLOWING  
FACTS:

1. FOR MOST OF THE YEAR I HAVE BEEN IN THE HOSPITAL AND HAVE  
NOT WORKED FOR SEVERAL MONTHS.
2. I HAVE NOT RECEIVED MY MAIL , AS MY BROTHER HAS BEEN DOING  
THIS FOR ME.
3. I RELIED ON OTHER PEOPLE TO TAKE CARE OF THIS FOR ME WHILE  
MY INJURIES HEALED. THEY DID NOT DO THIS FOR ME AND I HAD  
NO KNOWLEDGE OF THIS.

BASED ON THESE REASONS, I AM ATTACHING MY CHECK PAYABLE  
IN THE AMOUNT OF \$150.00 TO COVER THE ORIGINAL COST OF THE  
FILING. PLEASE RECONSIDER THIS FOR ME, AS I WILL IN THE  
FUTURE TAKE CARE OF MY OWN MAIL.

VERY TRULY YOURS,

  
FONSECO EVANS, PRESIDENT