

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 04 JUL 13 AM 10:53
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P98000067624

1. Corporation Name
SPRINGLE TRANSPORT SERVICE, INC.

Principal Place of Business 14656 63RD COURT NORTH LOXAHATCHEE FL 33470	Mailing Address 14656 63RD COURT NORTH LOXAHATCHEE FL 33470
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

Handwritten initials



REINSTATEMENT 03-04

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida 07/30/1998
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number 65-0862788
City & State	City & State	Applied For Not Applicable
Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	CURRY, KATHY	14656 63RD COURT NORTH	LOXAHATCHEE FL 33470
D	SPRINGLE, WILLIAM EARL JR	14656 63RD COURT NORTH	LOXAHATCHEE FL 33470

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8. Name and Address of Current Registered Agent SPRINGLE, WILLIAM EARL JR 14656 63RD COURT NORTH LOXAHATCHEE FL 33470	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. or 617.0505, F.S.

Signature of Registered Agent: William E. Springler Date: 9 July 2004
 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: William E. Springler 9 July 2004 561-436-4681
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (7/03)