

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 DEC 11 AM 8:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000010154

1. Corporation Name

Tank Wagon Transport Inc.

200082443432
12/11/06--01059--009 **900.00

2. Principal Office Address

323 CR 542W

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 1565

Suite, Apt. #, etc.

City & State

Bushnell, FL

City & State

Bushnell FL

Zip

33513

Country

Summer

Zip

33513

Country

Summer

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

59-3527503

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

7. Name and Address of Current Registered Agent

Name

Kevin Baker

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

4391 SE 12th Terrace

Suite, Apt. #, Etc.

City

Bushnell

State

FL

Zip Code

33513

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

x Kevin Baker

Date 12-8-06

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Kevin Baker	4391 SE 12 Terrace	Bushnell, FL. 33513
S/T.	Lori Baker	4391 SE 12 Terrace	Bushnell, FL. 33513

10. 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 contained in Chapter 119, 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:

x Kevin Baker Kevin Baker

Date

12-8-06

Daytime Phone #

352-303-0516

3. Mitchell

DEC 11 2006