

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 JUL 11 PM 12:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000081936

1. Corporation Name

R.J. MCDONALD TRUCKING INC.

2. Principal Office Address - No P.O. Box #

327 MONIKA PLACE

Suite, Apt. #, etc.

3. Mailing Office Address

327 MONIKA PLACE

Suite, Apt. #, etc.

City & State

ST AUGUSTINE, FL

City & State

ST AUGUSTINE, FL

Zip

32080

Country

US

Zip

32080

Country

4. Date Incorporated or Qualified

To Do Business in Florida **09/21/1998**

5. FEI Number

59-3530767

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ROBERT J MCDONALD

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

327 MONIKA PLACE

Suite, Apt. #, Etc.

City

ST AUGUSTINE

State

FL

Zip Code

32080

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

[Signature of Robert J McDonald]

Date

9-11-11

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
PD	ROBERT J MCDONALD	327 MONIKA PLACE	ST AUGUSTINE, FL 32080
TD	MONICA MCDONALD	327 MONIKA PLACE	ST AUGUSTINE, FL 32080

10. E-mail Address:

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

[Signature of Robert J McDonald]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/11/11