

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 DEC 23 AM 10:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000090522

1. Corporation Name

SUNDIAL TRUCKING INC.

Principal Place of Business

635 50TH STREET  
WEST PALM BEACH FL 33407

Mailing Address

635 50TH STREET  
WEST PALM BEACH FL 33407

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

10/23/1998

5. FEI Number

65-0882524

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

REINSTATEMENT

99

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
PRES	ALFONSO BATTICK	635 50th Street	WEST PALM FL, 33407
CEO	ERIC SMITH	3703 MIL LAKE CIR	GREENACRES FL 33463

900003087589--3

-01/04/00--01066--010

\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

BATTICK, ALFONSO  
635 50TH STREET  
WEST PALM BEACH FL 33407

PRESIDENT

9. Name and Address of New Registered Agent

Name

ERIC ANTHONY SMITH, C.B.O.

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

3703 MIL LAKE CIR

Suite, Apt. #, Etc.

City

GREENACRES CITY

State

FL

Zip Code

33463

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

*ABATTICK*  
REGISTERED AGENT MUST SIGN

Date

11/10/99

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/10/99

Daytime Phone #