

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

01 JAN 24 AM 11:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000090522

1. Corporation Name

SUNDIAL TRUCKING INC.

Principal Place of Business

Mailing Address

635 50TH STREET  
WEST PALM BEACH FL 33407

635 50TH STREET  
WEST PALM BEACH FL 33407



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

10/23/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0882524

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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<br>Title(s) | 2<br>Name of Officers<br>and/or Directors | 3<br>Street Address of Each<br>Officer and/or Director | 4<br>City / State / Zip  |
|---------------|---|--|--------------------------|
| P             | BATTICK, ALFONSO                          | 635 50TH STREET  | WEST PALM BEACH FL 33407 |
| CEO           | SMITH, ERIC                               | 3703 MIL LAKE CIR                                      | GREENACRES FL 33463      |
|               |   |  |                          |
|               |   |  |                          |
|               |   |  |                          |
|               |   |  |                          |
|               |   |  |                          |

REINSTATEMENT

200001  
[Signature]

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SMITH, ERIC ANTHONY  
3703 MIL LAKE CIR.  
GREENACRES FL 33463

Name

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

200003768862--7

Suite, Apt. #, Etc.

-02/26/01--01152--008

City

State

Zip Code

FL

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]  
REGISTERED AGENT MUST SIGN

Date

10/18/00

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

10/18/00 - 361-719-2822

Daytime Phone #