

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 JAN 30 PM 2:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P98000095160

**1. Corporation Name**

R & K Transportation of Clewiston, Inc.

**2. Principal Office Address**

P. O. Box 1002

Suite, Apt. #, etc.

City & State

Clewiston, FL

Zip  
33440

Country  
Hendry

**3. Mailing Office Address**

P. O. Box 1002

Suite, Apt. #, etc.

City & State

Clewiston, FL

Zip  
33440

Country  
Hendry

**REINSTATEMENT 99-01**

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

06/30/99

**5. FEI Number**

65-0886494

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

James Robinson

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

1128 Carolina Avenue

Suite, Apt. #, Etc.

City

Clewiston

State

FL

Zip Code

33440

600003746026--2  
-02/21/01--01102--010  
\*\*\*1050.00 \*\*\*1050.00

**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

REGISTERED AGENT MUST SIGN

Date 01/29/01

**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

D

James Robinson

1128 Carolina Avenue

Clewiston, FL 33440

D

Johnnie Kinsey

1119 Della Tobias

Clewiston, FL 33440

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

01/29/01

Date

863-983-8424

Daytime Phone #

CR2E081 (9/00)