

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 DEC -4 PM 2:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P99000003217*

1. Corporation Name

Wendel Dennis Trucking, Inc

REINSTATEMENT 02-03

500024717825

11/14/03--01078--022 **150.00

11/27/02 01098 006 75875

2. Principal Office Address

300 Avenue S

Suite, Apt. #, etc.

City & State

Riviera Beach, FL

Zip

33404

Country

US

3. Mailing Office Address

15163 82nd Lane N

Suite, Apt. #, etc.

City & State

Loxahatchee, FL

Zip

33470

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

11/11/99

5. FEI Number

US-0889756

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

Wendel Dennis

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

15163 82nd Lane North

Suite, Apt. #, Etc.

City

Loxahatchee

State

FL

Zip Code

33470

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

Wendel Dennis

REGISTERED AGENT MUST SIGN

Date *11/9/03*

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
ST	<i>Merdel Dennis</i>	<i>15163 82nd Lane North</i>	<i>Loxahatchee, FL 33470</i>
PD	<i>Wendel Dennis</i>	<i>15163 82nd Lane North</i>	<i>Loxahatchee, FL 33470</i>

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:

Merdel Dennis; MERDEL DENNIS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/9/03
Date

561 282 7974
Daytime Phone #

CR2E081 (10/02)