PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM Page 1 of 2

CORPORATION REINSTATEMENT

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

FILED
03 AUG 18 PM 2:48
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P99000012153

1. Corporation Name

Treco Transport Inc.

2. Principal Office Address	**3.** Mailing Office Address
4830 N.W 43rd st	p.o. Box 700
Suite, Apt. #, etc. F-96	Suite, Apt. #, etc.
City & State Gainesville FL.	City & State Gainesville FL
Zip 32606 Country	Zip 32602 Country

600021009436
06/19/03--01027--003 **315.00

4. Date Incorporated or Qualified To Do Business in Florida 4-99

5. FEI Number 59-3567894 ☐ 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: Winston Thomas

Street Address (P.O. Box Number is Not Acceptable): 4830 N.W 43rd st E- 352 256-6543

Suite, Apt. #, Etc.: F-96

City: Gainesville State: FL Zip Code: 32606

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 _____ Date _____

REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
pres	Winston Thomas	4830 N.W 43rd st	Gainesville FL 32606
vice pres	Wintrez Thomas	p.o. Box 700	Gainesville FLA 32602

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: Winston Thomas 4-28-03 352-256-6543

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT

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April 25, 2003

I did not receive the notice that advised me of a returned check and of your intent to administratively dissolve in 60 days. Therefore, I am requesting a waiver of the reinstatement fee and penalty.

Uniform Business Report

Cashiers check or money order for $315.00

Letter or explanation