	PLEASE READ	ALL INST	RUCTIONS	BEFORE C	OMPLET	ING THIS FORM.	117
	PLICATION FOR STATEMENT	00	A DEPARTMEN Kalnering bla Secretary of S VISION OF CORPOR	tate	m. ()	FILED SECRETARY OF STA	TE TIONS
DOCUMENT # P9900023324 1. Corporation Name					00 OCT 20 PM 3: 15		
1	WHITE TRUCKING, INC) .			 		
Principal Place of Business Mailing Address					1		
P.O. BOX 702338 P.O. BOX 7 ST. CLOUD FL 34770 ST. CLOUD							
							a a a a a a a a a a a a a a a a a a a
If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable					Date Incorporated or Qualified		
			etc -		To Do Busi	neen in Elorida	3/08/1999
1376			2 Bramble CT		5. FEI Numbe		Applied For
City & State			roud Fl		$\frac{1}{6}$	3278064	Not Applicable
Zip	Country	3417	69 85	ceola	CERTIFICAT		5 Additional Fee required r a Certificate of Status
7. Names	and Street Addresses of Each Officer and	or Director (Flor				T	
Title(s)	Name of Officers and/or Directors 2			Street Address of Each Officer and/or Director		City / State / Zip	
D	WHITE, GARY		4418 LAKE TRUDY DRIVE		ST. CLOUD FL 34769		
				05/	30/00	90109 038	3 150.00
8. Name and Address of Current Registered Agent					Name and Address of New Registered Agent		
WHITE, GARY 4418 LAKE TRUDY DRIVE ST. CLOUD FL 34769				Name CORPUS (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Suite, Apr. #, Etc. Cipy4— Cloud FL State ZiguCode 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 Date D/10/00 REGISTERED AGENT MUST SIGN							
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 filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401 F. F. The information indicated 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 Date Daytime Phone #							

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GARY WHITE TRUCKING 3702 Bramble Court St. Cloud, Fl 34769

Attn: Tyrone

FLORIDA Department Of State P.O. Box 6327 Tallahassee, Florida 32314

Dear Tyrone,

Please find enclosed a copy of the of the reinstatement form that we spoke about during our conversation on Wednesday October 18, 2000. We originally sent our check, which has been cashed to re-new our corporation, although we did not feel out the paper work properly. Through several letters going back and forth I failed to enter the proper registered agent. Enclosed I have filled out again the paperwork with the correct agent as Gary. Please wave any fee's as we have been trying to resolve the problem several times.

Thank you,

Gary White Le Le Le Le

Owner/Operator