

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 1032

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 SEP 22 AM 8:00

DOCUMENT # P99000023499

1. Corporation Name

TURN AROUND TRUCKING, INC.

Principal Place of Business

Mailing Address

21347 NORTH WEST 39TH AVENUE
MIAMI FL 33055

21347 NORTH WEST 39TH AVENUE
MIAMI FL 33055

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

2. New Principal Office Address, If Applicable

104 Clydebank PL
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

104 Clydebank PL
Suite, Apt. #, etc.

City & State

Kissimmee FL

City & State

Kissimmee Florida

Zip Country

34758 USA

Zip Country

34758 USA

REINSTATEMENT

03-04

4. Date Incorporated or Qualified
To Do Business in Florida

03/15/1999

5. FEI Number

65-0906901

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	CLARKE, ELAINE	21347 NORTH WEST 39TH AVENUE	MIAMI FL 33055

100041006151
09/13/04--01050--017 **300.00

8. Name and Address of Current Registered Agent

PITTER, CARL S
7447 NORTH WEST 57TH STREET
TAMARAC FL 33319

9. Name and Address of New Registered Agent

Name

Elaine Clarke

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

104 Clydebank Place

Suite, Apt. #, Etc.

City

Kissimmee

State

FL

Zip Code

34758

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

1-21-04

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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-21-04 305-525-6167

CR2EM40 (7/03)

Zg 2

Turn Around Trucking, Inc.
104 Clydebank Place
Kissimmee, FL 34758
9-21-04

Ms. Ruby Dunlap
Florida Dept of State
Division of Corporations

Dear Ms. Dunlap,

It is unfortunate that the above-mentioned company (doc. # 000023-499) did not receive a renewal notification in the year 2003.

I would greatly appreciate if your department would extend the courtesy and waive the reinstatement fees due to the circumstances.

Thanks in advance for your cooperation.

Sincerely,

E. Clarke

Elaine Clarke - pres.