

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC 10 PM 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000032809

1. Corporation Name

LOC Trucking, Inc.

2. Principal Office Address

1378 HAZVERHILL DR

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/09/99

5. FEI Number

59-3587187

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

DeCarolis, LORRAINE C

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

1378 HAZVERHILL DRIVE

Suite, Apt. #, Etc.

PUT - HOME

City

New Port Richey

State

FL

Zip Code

34655

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

Lorraine C. DeCarolis

REGISTERED AGENT MUST SIGN

Date 12-6-02

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.	LORRAINE C. DeCarolis	1378 HAZVERHILL-DR	New Port Richey FL 34655

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:

Lorraine C. DeCarolis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-6-02-727-274-6115

Date

Daytime Phone #

CR2E081 (9/01)

12/6/02

To whom it may concern,
I am sorry but I never
received any thing in the
mail pertaining to my
Inc. paper work

I think I do why
The address it was
sent to was 1378 HAZERhill
↓
I live at 1378 HAVERhill

There for I'd like to correct
the problem + send in my
Fee due

Thank You
Sincerely,
Lawrence C. Healy

L.D.C. Trucking, Inc.
1378 Haverhill Dr.
Trinity, FL 34655