

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P99000050487

**1. Corporation Name**

DRAGNASS TRUCKING, INC.

**2. Principal Office Address**  
1830 ACACIA AVE

Suite, Apt. #, etc.

City & State  
LEHIGH ACRES, FL

Zip  
33936

Country  
LEE

**3. Mailing Office Address**  
1830 ACACIA AVE

Suite, Apt. #, etc.

City & State  
LEHIGH ACRES, FL

Zip  
33936

Country  
LEE

FILED

04 MAR 29 PM 12:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** 03-04

**4. Date Incorporated or Qualified**  
To Do Business in Florida 06-04-1999

**5. FEI Number**  
65-0925781

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  
DREW ROBINSON

Street Address (P.O. Box Number is Not Acceptable)  
1830 ACACIA AVE

Suite, Apt. #, Etc.

City  
LEHIGH ACRES

State  
FL

Zip Code  
33936

**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 03.24.2004

REGISTERED AGENT MUST SIGN

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip     |
|--------|--------------------------------------|---|------------------------|
| PT     | DREW ROBINSON                        | 1830 ACACIA AVE                                   | LEHIGH ACRES, FL 33936 |
| S      | GEORGE ROBINSON                      | 1830 ACACIA AVE                                   | LEHIGH ACRES, FL 33936 |
| V      | CARRIE ROBINSON                      | 1830 ACACIA AVE                                   | LEHIGH ACRES, FL 33936 |
|        |                                      |   |                        |
|        |                                      |   |                        |
|        |                                      |   |                        |

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

03.23.2004

Date

239-565-7806

Daytime Phone #

CR2E081 (01/04)