

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**

07 OCT -1 AM 11:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P99000054447

1. Corporation Name

Proctor's Trucking Inc

2. Principal Office Address - No P.O. Box #

8819 Yorkshire Ct.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32257

Country

Duval

3. Mailing Office Address

8819 Yorkshire Ct

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32257

Country

USA

7. Name and Address of Current Registered Agent

Name

Mary A. Proctor

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

8819 Yorkshire Ct

Suite, Apt. #, Etc.

City

Jax

State

FL

Zip Code

32257

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

Mary A. Proctor

Date

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 Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>P</u>	<u>Larry D. Proctor</u>	<u>8819 Yorkshire Ct</u>	<u>JACKSONVILLE, FL 32257</u>
<u>V</u>	<u>Mary A. Proctor</u>	<u>8819 Yorkshire Ct</u>	<u>JACKSONVILLE, FL 32257</u>

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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 contained in Chapter 119, 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:

Mary A. Proctor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/28/07

Date

904-313-2326

Daytime Phone #

B. Mitchell OCT 1 2007