PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. Page 1 of 2

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2006 JUN 15 AM 11:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000104048

1. Corporation Name

SRB Trucking Inc

2. Principal Office Address	**3.** Mailing Office Address
209 Tommy's Trail	P.O. Box 125
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pickens SC	City & State: Pickens SC
Zip: 29671 Country: Pickens	Zip: 29671 Country: Pickens

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 650965940 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $30.00 Additional Fee Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Patricia Baranoski

000007640386O
06/21/06--01004--017 **793.75

Street Address (P.O. Box Number is Not Acceptable): 6 Renfro Lane

Suite, Apt. #, Etc.

City: Palm Coast | State: FL | Zip Code: 32164

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: Patricia Baranoski Date: 6/14/06
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
PVST	Susan Brillinger	209 Tommy's Trail	Pickens SC 29671
		B 6/14/06	
		REINSTATEMENT 02-06	

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.

(864) 616-4559

SIGNATURE: Susan Brillinger Susan Brillinger PVST 6/14/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

To Whom It May Concern:

I Susan Brillinger did not receive annual report notice of the year of 2002. Please waive the reinstatement fee.

Thank you,
Susan Brillinger

Susan Brillinger Date: 6/14/06