

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY 30 AM 9:12

DOCUMENT # **S04054**

1. Corporation Name

CORNERSTONE TRUCK BROKERS, INC.

2. Principal Office Address

548 SOMERSET DR.

Suite, Apt. #, etc.

City & State

AUBURNDALE, FL

Zip

33823

Country

POLK

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

96-01

4. Date Incorporated or Qualified
To Do Business in Florida

9-14-90

5. FEI Number

59-3030001

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

GLORIA LEE

200003298642-2

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

548 SOMERSET DR.

05/21/00 01034-018

*****1350.00 ***1350.00**

Suite, Apt. #, Etc.

City

AUBURNDALE

State

FL

Zip Code

33823

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

Gloria Lee

Date

5/26/00

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
P	JAMES E. LEE	548 SOMERSET DR	AUBURNDALE FL 33823
S/T	GLORIA J. LEE	548 SOMERSET DR	AUBURNDALE FL 33823

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:

Gloria Lee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/26/00

Daytime Phone #

(863) 965-2683

CR2E081 (9/99)