PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 DEC 16 PM 3:24
SEC... STATE
TALLA... FLORIDA

DOCUMENT # 547367

1. Corporation Name

MASTER TRUCKING COMPANY

W05-53622

REINSTATEMENT 04-05

CR2E081 (8/05)

2. Principal Office Address	3. Mailing Office Address
230 LEE ROAD	230 LEE ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JACKSONVILLE, FL	City & State: JACKSONVILLE, FL
Zip: 32225 Country: US	Zip: 32225 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 04/22/1991

5. FEI Number: 59-3063520 ☐ 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: STEPHEN A. HOULD

Street Address (P.O. Box Number is Not Acceptable): 920 THIRD STREET

500061910635
12/05/05--01041--021 **150.00

Suite, Apt. #, Etc.: SUITE D

City: NEPTUNE BEACH | State: FL | Zip Code: 32266

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: _____ REGISTERED AGENT MUST SIGN — Date: NOV. 29, 2005

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
DP	DANA M. STEWART	230 LEE ROAD	JACKSONVILLE, FL 32225
DST	RICHARD STEWART	230 LEE ROAD	JACKSONVILLE, FL 32225
		500061910635 12/05/05--01041--021 **758.75	

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: _____ 12/1/05 904-727-1100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #