

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **MOVED AND FILED**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

97 NOV 12 PM 12:11

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**APPLICATION FOR REINSTATEMENT**

DOCUMENT # **S50435**  
 1. Corporation Name  
**SOUTH FLORIDA TRUCK BROKERS, INC.**

Principal Place of Business Mailing Address  
~~POST OFFICE BOX 0454~~ ~~POST OFFICE BOX 0454~~  
 FLORIDA CITY FL 33034 FLORIDA CITY FL 33034



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

**REINSTATEMENT 99**

2. New Principal Office Address, If Applicable <b>P.O. Box 343454</b>		3. New Mailing Office Address, If Applicable <b>P.O. Box 343454</b>		4. Date Incorporated or Qualified To Do Business in Florida <b>05/01/1991</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>65-0368687</b>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$6.75 Additional Fee required for a Certificate of Status	

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	WHITLEY, DANNY A.	300 NORTH KROME AVE.	FLORIDA CITY FL

200002346602--0  
 -11/13/97--01078--021  
 \*\*\*\*750.00 \*\*\*\*750.00

*JA 11/13*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WHITLEY, DANNY A. 300 NORTH KROME AVENUE FLORIDA CITY FL 33034	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	Suite, Apt. #, Etc.	
	City	State <b>FL</b>

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: *Danny Whitley* REGISTERED AGENT MUST SIGN Date: **11-10-97**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No  (See other side for information on Intangible tax.)

12. 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: *Danny Whitley* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: **11-10-97** Daytime Phone #: **305-245-1201**

CR2E040 (8/97)