

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 97 FEB 10 PM 4:22 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <u>560482</u>			
1. Corporation Name <p style="text-align: center;">Franklin Trucking, Inc.</p>			
Principal Place of Business 1037 Kentucky Ave. Clewiston, FL 33440		Mailing Address <u>W90-25424</u> P.O. Box 801 Clewiston, FL 33440	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Address, If Applicable Suite, Apt. #, etc. City & State Zip Country	
		4. Date Incorporated or Qualified To Do Business in Florida <p style="text-align: right;">September 1, 1996</p>	
		5. FEI Number <p style="text-align: center;">65-0277430</p>	
		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/M/D	Julius Franklin Sr.	1037 Kentucky Ave.	Clewiston, FL 33440
VP/M/D	Shirley Franklin	1037 Kentucky Ave.	Clewiston, FL 33440
T/D	Julius Franklin Jr.	1037 Kentucky Ave.	Clewiston, FL 33440
S/D	Dayron Franklin	1037 Kentucky Ave.	Clewiston, FL 33440
			100002085611-7 -02/12/97--01098--008 ***1183.75 ***1183.75 <u>92-96</u>
8. Name and Address of Current Registered Agent Shirley Franklin P.O. Box 801 Clewiston, FL 33440		9. Name and Address of New Registered Agent Name <u>Shirley Franklin</u> Street Address (P.O. Box Number is Not Acceptable) <u>1037 Kentucky Ave.</u> Suite, Apt. #, Etc. City <u>Clewiston</u> State <u>FL</u> Zip Code <u>33440</u>	
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 <u>Shirley Franklin</u> Date <u>9-16-96</u> REGISTERED AGENT MUST SIGN			
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)			

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

CR2040 (12/95)