

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

**DOCUMENT # V49154**

1. Corporation Name

**CJ'S TRUCKING, INC.**

Principal Place of Business

Mailing Address

~~400 FLORENCE DR~~  
~~DEFUNIAK SP FL 32435~~  
US

~~PO BOX 736~~  
VERNON FL 32462

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

07/09/1992

Suite, Apt. #, etc.  
~~Highway 79 South~~  
City & State  
~~Vernon, FL~~

Suite, Apt. #, etc.  
~~P.O. Box 505~~  
City & State

5. FEI Number  
59-3131991

Applied For  
Not Applicable

Zip  
32462

Country  
US

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐ \$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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
<del>Paul Jack</del>	<del>Johnston, Chris</del>	<del>Highway 79 South</del> <del>3356 Hwy 79</del>	<del>Vernon FL</del> <del>Vernon, FL 32462</del>
<del>Johnston, Chris</del>	<del>Johnston, Chris</del>	<del>P.O. Box 1680 WA</del>	<del>DEFUNIAK SPRINGS FL</del>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~PAUL JACK~~  
~~HIGHWAY 79 SOUTH~~  
~~VERNON FL 32462~~

Name  
**Charles Christopher Johnston**  
Street Address (P.O. Box Number is Not Acceptable)  
**P.O. Box 505 Highway 79 South**  
Suite, Apt. #, Etc.  
**Vernon, FL 32462**  
City  
**Vernon,** State  
**FL** Zip Code  
**32462**

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

*Charles Christopher Johnston*  
REGISTERED AGENT MUST SIGN

Date **6-11-02**

11. 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:

*Charles Christopher Johnston*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6-11-02 888-379-9945**

Date

Daytime Phone #

CR2040 (8/01)

Florida Department of State:

Re: CJ's Trucking, Inc.

Please see enclosed reinstatement application for CJ's Trucking Inc.

I am attaching a check for \$300.00 for year 2001 and 2002.

Please wave all fees, I did not receive a Annual form for these years.

Thank you

A handwritten signature in cursive script, appearing to read "Charles Christopher Johnston", written over a horizontal line.

Charles Christopher Johnston