

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6384

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1515

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

**CORPORATION REINSTATEMENT
PROTRANS INTERNATIONAL, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$1,050.00

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Corporate Filing Menu

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

11 JAN 11 PM 12:30

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F06000002047					
1. Corporation Name ProTrans International, Inc.					
2. Principal Office Address - No P.O. Box # 8311 N. Perimeter Road			3. Mailing Office Address 8311 N. Perimeter Road		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Indianapolis, IN			City & State Indianapolis, IN		
Zip 46241	Country U.S.A.	Zip 46241	Country U.S.A.	4. Date Incorporated or Qualified To Do Business in Florida 03/30/2006	
				5. FEI Number 35-1907022 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Name and Address of Current Registered Agent				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$875 Additional Fee required for a Certificate of Status	
Name Corporation Service Company					
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street					
Suite, Apt. # etc.					
City Tallahassee		State FL	Zip Code 32301		
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 6*7.0503, F.S.					
Signature of Registered Agent <u>[Signature]</u> Date <u>1/11/11</u> 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/D	Craig Roeder	8311 N. Perimeter Road		Indianapolis, IN 46241	
S/T/D	Lisa Doerner	8311 N. Perimeter Road		Indianapolis, IN 46241	
D	John Woods	8311 N. Perimeter Road		Indianapolis, IN 46241	
REINSTATEMENT					
09-11 B 1/11/11					
10. E-mail Address: doernerLM@protrns.com <small>(To be used for future annual report notification)</small>					
11. I certify that I am an officer or director of the resolver 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. I further certify, 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: <u>[Signature]</u>		Craig Roeder, President		January 11, 2011 317-244-3129	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	