PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

APPROVED AND FILED
98 DEC 14 AM 9:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J22354

1. Corporation Name

TRANSTAR TRANSPORTATION, INC.

Principal Place of Business	Mailing Address
7065 MCCOY RD ORLANDO FL 32882 US	7065 MCCOY RD ORLANDO FL 32822 US

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

REINSTATEMENT 98

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
10360 Genera Drive	10360 General Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, FL	City & State: Orlando, FL
Zip: 32824 Country: USA	Zip: 32824 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 06/30/1986

5. FEI Number: 59-2687327 ☐ Applied For ☐ Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
~~DP~~ President	GAYE, ROBERT T.	~~7624 DEBEAUBIEN DRIVE~~ 8809 Southern Breeze Dr.	ORLANDO FL 32836-5034
VP/ Treasurer	Victor De Santis	8290 Cleary Blvd #2908	Plantation, FL 33324
Sec.	Robert H. Byrne	4559 Route 9 North	Howell, NJ 07731

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****758.75 ****758.75

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
GAYE, ROBERT T. ~~3147 BLAKELY DR~~ 8809 Southern Breeze ~~ORLANDO FL 32835~~ Orlando, FL 32836 Dr.	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

OR2E040 (9/96)

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: SIGNATURE REQUIRED — REGISTERED AGENT MUST SIGN Date: NOV 13, 1998

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: SIGNATURE REQUIRED — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Nov 13, 1998 Date (407) 856-7777 Daytime Phone #

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