

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION  
FOR  
REINSTATEMENT**



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

**AND  
FILED**

1996 NOV -8 PM 3:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

700002005407--1  
-11/15/96--01008--029  
\*\*\*\*297.50 \*\*\*\*297.50

DOCUMENT # 194000001013

1. Corporation Name

Presbyterian Transportation Services, Inc.

Principal Place of Business

Mailing Address

601 Sunset Lane  
Lutz, FL 33549

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 Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

2/25/94

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3250684

Not Applicable

Zip

Country

Zip

Country

6.

CERTIFICATE OF STATUS DESIRED ☐

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
P/D	Robert Friskney	1903 Lakeview Ave.	Seffner, FL 33584
V/D	Mark Cline	14623 Lake Magdalene Circle	Tampa, FL 33613
S/D	Merle Carroll	1008 Hastings Court	Lutz, FL 33549
T/D	Mike Eurton	222 Ball Park Drive	Seffner, FL 33584
D	Raymond McCoy	2414 Kingsway Road	Seffner, FL 33584
D	Terry Mears	18504 Sunward Lake Place	Lutz, FL 33549

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Alfred J. Tetlow  
600 Madison Street  
Tampa, FL 33602

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

Zip Code

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

*Alfred J. Tetlow*

REGISTERED AGENT MUST SIGN

Date 11/15/96

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(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.

SIGNATURE:

*Mark Cline*

Mark Cline

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/1/96 (813) 209-4252

Date Daytime Phone #

000000 (12/96)