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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 FEB 13 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000109044

1. Corporation Name

W06-5116

FITZ AUTO TRANSPORT, INC.

2. Principal Office Address

6547 BAYBORO COURT

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

ORLANDO/FLORIDA

Zip

Country

32829

USA

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/26/2001

5. FEI Number

59-3756076

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

FITZGERALD ROBEANTS

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

6547 BAYBORO COURT

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32829

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

1/9/2006

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
PRESIDENT	FITZGERALD ROBEANTS	6547 BAYBORO COURT	ORLANDO/FLORIDA/32829

10. 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]*

PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/2006

Date

(407) 895-5933

Daytime Phone #

Mitchell FEB 14 2006

2/2

Robinson and Robinson Inc.

JANUARY 09, 2006

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

To Whom It May Concern,

This letter is to inform you that FITZ AUTO TRANSPORT, INC. , has relocated. The named Corporation did not receive a Annual Corporate Reports, for the years (2004 & ~~2005~~) Due to these circumstances we are asking that you abate the reinstatement fees. The payment of \$300.00 is enclosed for the said years. If there are any questions you can contact me at (407) 895-5933. Document #P01000109044

Your consideration concerning this matter is greatly appreciated.

Cordially yours,

Maurice Robinson