

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # **PA3000003082**

1. Corporation Name  
**ProTrans of Central FL Inc.**  
**W99-5145**

Principal Place of Business Mailing Address

**1605 N. Woodland Blvd** **Same**  
**Deland, FL 32720**

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc. City & State Zip Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc. City & State Zip Country

FILED  
 99 MAR 10 AM 11:08  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**REINSTATEMENT** *95 PA 2880 3/10/99*

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number **59-3155790** 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)

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
Pres	Gregory Roberts Samuel	4465 Daugharty Rd	Deland, FL 32724
Sec.	Phaedra T. Samuel	4465 Daugharty Rd	Deland, FL 32724
			100002806421--9 -03/15/99--01137--001 ****750.00 ****750.00
			100002806421--9 -03/15/99--01137--002 ****600.00 ****600.00

8. Name and Address of Current Registered Agent

**Phaedra Samuel**  
**4465 Daugharty Rd**  
**Deland, FL 32724**

9. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 Suite, Apt. #, Etc. \_\_\_\_\_  
 City \_\_\_\_\_ State **FL** Zip Code \_\_\_\_\_

10. I, being appointed registered agent of the above corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *Phaedra Samuel* Date **2/25/99**

11. This corporation owes 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 *Phaedra T. Samuel* Date **2/25/99** 904-738-7226  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E08 (12/98)