PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

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

FILED
96 DEC -6 AM 11:34
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P95000008458

1. Corporation Name
TRANSPORTATION MANAGEMENT GROUP, INC.

Principal Place of Business
~~330 NW 4 ST~~
HIGH SPRINGS FL 32643

Mailing Address
P.O. BOX 2487
HIGH SPRINGS FL ~~32643~~

REINSTATEMENT 9600

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

2. New Principal Office Address, If Applicable
2105 NW 1ST AVE.
Suite, Apt. #, etc.
City & State
Zip
Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip 32655
Country

4. Date Incorporated or Qualified To Do Business In Florida 01/27/1995

5. FEI Number 59-3292640
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] $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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	D. DANIEL O'NEAL	330 NW 4th St	HIGHSPRINGS, FL 32643
S/T/D	TERI L. PORTER O'NEAL	330 NW 4th ST	HIGH SPRINGS, FL 32643

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-12/06/96--01088--005
****383.75 ****383.75

8. Name and Address of Current Registered Agent
O'NEAL, DION D
330 NW 4 ST
HIGH SPRINGS FL 32643

9. Name and Address of New Registered Agent
Name D. DANIEL O'NEAL
Street Address (P.O. Box Number is Not Acceptable) 77
Suite, Apt. #, Etc.
City
State FL
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 SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN
Date 12-2-96

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 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 110.07(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: D. DANIEL O'NEAL 12-2-96 904-454-4243
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (7/95)

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