

PLEASE READ ALL INSTRUCTIONS *... LISTING THIS FORM.*

**APPLICATION FOR REINSTATEMENT**



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

DOCUMENT # **P95000055163**  
 1. Corporation Name  
**ACTIVS TRANSPORT INC.**

Principal Place of Business Mailing Address  
**3748 PROSPECT AVB #4**  
**RIVIERA BEACH FL 33404**

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 Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida <b>7-14-95</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>65-0602302</b>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

**FILED**  
**99 NOV 17 PM 2:08**  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**REINSTATEMENT 99**

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.	BRIAN R. CORRION	72 N. PINEVIEW DR	CHANDLER AZ 85226
V-PR	LOU SOLANA	2046 BONISLE CIRCLE	PALM BEACH GARDENS FL 33418
SECR	BRIAN R CORRION	72 N PINEVIEW DR	CHANDLER AZ 85226
TREAS.	BRIAN R CORRION	72 N PINEVIEW DR	CHANDLER AZ 85226
DIRECTOR	BRIAN R CORRION	72 N. PINEVIEW DR	CHANDLER AZ 85226

8. Name and Address of Current Registered Agent <b>BRIAN R CORRION</b> <b>72 N PINEVIEW DR</b> <b>CHANDLER AZ 85226</b>		9. Name and Address of New Registered Agent Name <b>LOU SOLANA</b> Street Address (P.O. Box Number is Not Acceptable) <b>2046 BONISLE CIR</b> Suite, Apt. #, Etc. City <b>PALM BEACH GARDENS</b> State <b>FL</b> Zip Code <b>33418</b>	
--	--	---	--

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]* Date **11-15-99**  
 REGISTERED AGENT MUST SIGN

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)(f), 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]* **BRIAN R CORRION** Date **11-15-99** Daytime Phone # **406-699-7360**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CORPORATE (12/98)