

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

APPLICATION FOR REINSTATEMENT



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

FILED

00 OCT 20 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2000 UBR

DOCUMENT # P99000041331

1. Corporation Name

ROSEN TRANSPORT, INC.

Principal Place of Business

Mailing Address

212 S. LAKE PLEASANT RD.
APOPKA FL 32703

212 S. LAKE PLEASANT RD.
APOPKA FL 32703

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

05/03/1999

5. FEI Number

59-3576673

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$9.75 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	4 City / State / Zip
President	Carl E. Rosen	212 S. Lake Pleasant Rd	Apopka, FL 32703
Vice President	Kisa Prive Rosen	212 S. Lake Pleasant Rd	Apopka, FL 32703
			800003456108--6 -11/07/00--01120--015 ****\$50.00 ****\$50.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROSEN, CARL
212 S. LAKE PLEASANT RD.
APOPKA FL 32703

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

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 10/16/00

11. 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/16/00 Daytime Phone # 907 466 7059

CR2ED40 (8/00)

October 16, 2000

Department of State
Division of Corporation
P.O. Box 06327
Tallahassee, Florida 32314

To Whom It May Concern:

I previously mailed a check on
June 19, 2000, in the amount of
\$550.00 for Rosen Transport, Inc
for Uniform Business reports after
receiving my second notice. My
check has not cleared my account.
I called today and was told to
resend an additional check for
\$550.00 which is enclosed.

Please waive any additional fees
that might have occurred, due
to the loss check.

Sincerely
Linda Rosen

Rosen Transport, Inc
212 S. Lake Pleasant Rd
Apopka, FL 32703
407-884-8887
P99000041331
FET # 59-3576673