

**2007 FOR PROFIT CORPORATION  
REINSTATEMENT**

**FILED**

07 OCT 23 AM 8:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**REINSTATEMENT 07**

**DOCUMENT # P96000018204**  
1. Entity Name  
**A CENTRAL TRANSPORTATION, INC.**



Principal Place of Business  
**6336 GARVEY DRIVE  
NEW PORT RICHEY, FL 34652**

Mailing Address  
**6336 GARVEY DRIVE  
NEW PORT RICHEY, FL 34652**

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3360045**

Applied For  
 Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**DESOSA, JUAN  
6336 GARVEY DRIVE  
NEW PORT RICHEY, FL 34652**

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>DESOSA, JUAN<br>6336 GARVEY DRIVE<br>NEW PORT RICHEY, FL 34652   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>DESOSA, SANDRA<br>6336 GARVEY DRIVE<br>NEW PORT RICHEY, FL 34652 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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10/23/07--01055--008 \*\*150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Juan DeSosa ✓ 10-15-07 ✓ 727-847-5120  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

rx 10/26