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H04000075924

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

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

**DOCUMENT # 146852**  
1. Corporation Name  
**PASCO TRANSPORT, INC.**

2. Principal Office Address  
**15000 US Highway 301 N**  
Suite, Apt. #, etc.

3. Mailing Office Address  
Suite, Apt. #, etc.

City & State  
**Dade City, Florida**

City & State

Zip  
**33523** Country  
**USA**

City & State

Zip Country

**FILED**  
04 APR -9 PM 3:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT 03-04**

MRS

7. Name and Address of Current Registered Agent

Name  
**Bon Reese**

Street Address (P.O. Box Number is Not Acceptable)  
**15000 US Highway 301 N**

Suite, Apt. #, Etc.

City  
**Dade City** State  
**FL** Zip Code  
**33523-2401**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of sections 607.0505 or 617.0505, F.S.

Signature of Registered Agent *Bon Reese* Date **4/06/2004**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PCFO	Gary Viljoen	15000 US Highway 301 North	Dade City, Florida 33523
COO	John Minton	15000 US Highway 301 North	Dade City, Florida 33523

10. I certify that I am an officer or director of 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 assumption under section 119.07(3)(g), F.S. The information included on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *Gary Viljoen* **Gary Viljoen** Date **4/07/04** Digitize Phone #

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Florida Department of State  
Division of Corporations  
Public Access System

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**CORPORATION REINSTATEMENT**

**PASCO TRANSPORT, INC.**

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