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Account Number : 076077000521  
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**CORPORATION REINSTATEMENT**

**TRANSPORT ENTERPRISES, INC.**

|                       |                       |
|-----------------------|-----------------------|
| Certificate of Status | 0                     |
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| Estimated Charge      | <del>\$1,800.00</del> |

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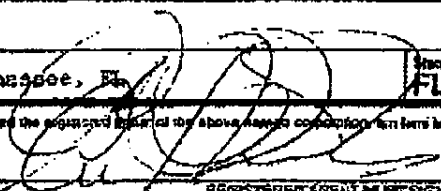
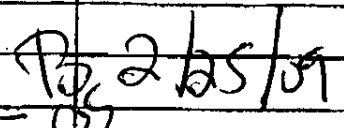
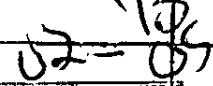
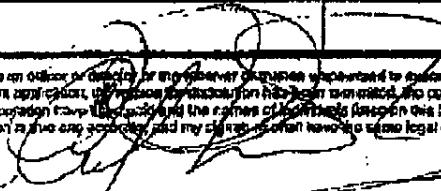
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                        |                                                                                                                                                                          |                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| <b>CORPORATION<br/>REINSTATEMENT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                        |  <b>FLORIDA DEPARTMENT OF STATE<br/>Secretary of State<br/>DIVISION OF CORPORATIONS</b> |                           |
| <b>DOCUMENT # 407508</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                        |                                                                                                                                                                          |                           |
| <b>1. Corporation Name</b><br>Transport Enterprises, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                        |                                                                                                                                                                          |                           |
| <b>2. Principal Office Address - No P.O. Box</b><br>1334 Timberlane Rd.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                        | <b>3. Mailing Office Address</b><br>1334 Timberlane Rd.                                                                                                                  |                           |
| <b>Suite, Apt. &amp; c/o</b><br>Suite 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                        | <b>Suite, Apt. &amp; c/o</b><br>Suite 9                                                                                                                                  |                           |
| <b>City &amp; State</b><br>Tallahassee, FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                        | <b>City &amp; State</b><br>Tallahassee, FL                                                                                                                               |                           |
| <b>Zip</b><br>32312                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Country</b><br>USA                  | <b>Zip</b><br>32312                                                                                                                                                      | <b>Country</b><br>USA     |
| <b>4. Date Incorporated or Qualified To Do Business in Florida</b> 08/24/1972                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                        |                                                                                                                                                                          |                           |
| <b>5. FE Number</b><br>59-1755351                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                        | <b>Applied For</b><br><input type="checkbox"/> Not Applicable                                                                                                            |                           |
| <b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                        |                                                                                                                                                                          |                           |
| <b>7. Name and Address of Current Registered Agent</b><br>Name: Errol Panton<br>Street Address (P.O. Box Number is Not Acceptable): 1334 Timberlane Rd., Suite 9<br>Suite, Apt. & c/o:<br>City: Tallahassee, FL Zip Code: FL 32312                                                                                                                                                                                                                                                                                                                                                                                                                            |                                        |                                                                                                                                                                          |                           |
| <b>8. I, being appointed the registered agent of the above named corporation, am hereby with and accept the obligations of section 607.0505 or 617.0501, F.S.</b><br>Signature of Registered Agent:  Date: 02/23/09<br>REGISTERED AGENT MUST SIGN                                                                                                                                                                                                                                                                                                                          |                                        |                                                                                                                                                                          |                           |
| <b>9. Names and Street Addresses of Each Officer and Director (Florida nonprofit corporations must list at least 3 directors)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                        |                                                                                                                                                                          |                           |
| <b>Title</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Name of Officer and/or Director</b> | <b>Street Address of Each Officer and/or Director</b>                                                                                                                    | <b>City / State / Zip</b> |
| DPS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Errol Panton                           | 1334 Timberlane Rd., #9                                                                                                                                                  | Tallahassee, FL 32312     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                        |                                                                                                                                                                          |                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                        |                                                                                                                                                                          |                           |
| <b>10. I certify that I am an officer or director of the corporation represented by this application as provided for in chapter 607 or 617, F.S. I further certify that I am filing this reinstatement application, in person or through a registered agent, and the corporation 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 all persons who do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and correct, and my client is aware of the same legal obligations if made under oath.</b> |                                        |                                                                                                                                                                          |                           |
| <b>SIGNATURE</b><br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                        | 02/23/09 (850) 528-0400                                                                                                                                                  |                           |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                        | Date Daytime Phone #                                                                                                                                                     |                           |

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