Florida Department of State
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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : RUDEN, MCCLOSKY, SMITH, SCHUSTER & RUSSELL, P.A.
Account Number : 076077000521
Phone : (954)527-2428
Fax Number : (954)333-4001

CORPORATION REINSTATEMENT

TRANSPORT ENTERPRISES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	~~$1,800.00~~ $1,200

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02-24-09 01:24pm From-RUDEN McCLOSKY FTL 9547644996 T-049 P.02/02 F-452

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 FEB 24 PM 12:30

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E031 (12/08)

DOCUMENT # 407508

1. Corporation Name

Transport Enterprises, Inc.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
1334 Timberlane Rd.		1334 Timberlane Rd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 9		Suite 9	
City & State		City & State	
Tallahassee, FL		Tallahassee, FL	
Zip	Country	Zip	Country
32312	USA	32312	USA

4. Date Incorporated or Qualified To Do Business in Florida 08/24/1972

5. FEI Number 59-1755351 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Errol Panton

Street Address (P.O. Box Number is Not Acceptable): 1334 Timberlane Rd., Suite 9

Suite, Apt. #, Etc.

City: Tallahassee, FL State: FL Zip Code: 32312

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: [signature] Date 02/23/09

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
DPS	Errol Panton	1334 Timberlane Rd., #9	Tallahassee, FL 32312

REINSTATEMENT 02-09

P3 2/25/09

10. I certify that I am an officer or director of the corporation 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 remedied, 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 contained in Chapter 119, 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] 02/23/09 (850) 528-0400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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