

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 408786

1. Corporation Name

S&R Transport

2. Principal Office Address - No P.O. Box #

3. Mailing Office Address

202 E. Stuart Ave.

202 E. Stuart Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Lake Wales, FL

Lake Wales, FL

Zip

Country

Zip

Country

33853

33853

7. Name and Address of Current Registered Agent

Name

James a. Jahna, Sr.

Street Address (P.O. Box Number is Not Acceptable)

202 E. Stuart Avenue

Suite, Apt. #, Etc.

City

Lake Wales

State

FL

Zip Code

33853

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

Date

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
VST	Carl R. McCollum	202 E Stuart Ave	Lake Wales FL 33853
VD	James A. Jahna, Sr.	202 E Stuart Ave	Lake Wales FL 33853
C D	Allen J. Keesler, Jr.	202 E Stuart Ave	Lake Wales FL 33853
VD	Emil R. Jahna III	202 E Stuart Ave	Lake Wales FL 33853
CEO P D	Sam Morrone	202 E Stuart Ave	Lake Wales FL 33853

10. E-mail Address: corby@cbmiii.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

Sam Morrone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/19

863-679-5337

2019 MAY -3 AM 11:42

300328251803
05/03/19--01009--003 **255.00

300328251893
04/19/19--01013--027 **785.00

05/03/19--01009--003 **255.00
CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida
09/14/1972

5. FET Number

59-1441077

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

R. WHITE

MAY 08 2019