

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION

2004 AR



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL -9 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 558318

1. Corporation Name

F.L. Gelaro Transport Service, Inc

2. Principal Office Address

1455 Eastport Rd.

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

Zip

32218

Country

Duval

3. Mailing Office Address

P.O. Box 28008

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

Zip

32226

Country

Duval

4. Date Incorporated or Qualified
To Do Business in Florida 1976

5. FEI Number
59-1801340

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Louise Gelaro

Street Address (P.O. Box Number is Not Acceptable)
14227 May Acres Ln.

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32218

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

Louise Gelaro

REGISTERED AGENT MUST SIGN

Date 7/1/04

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
Pres./D	Deborah Gelaro	15 Hyatt Lane	Jacksonville, Fl, 32218
V. Pres	Brian Gelaro	14064 Hyatt Rd.	Jacksonville, Fl, 32218
Sec/Tr	Bobbi W. Gelaro	14064 Hyatt Rd.	Jacksonville, Fl, 32218
COB	Louise Gelaro	14227 May Acres Ln.	Jacksonville, Fl, 32218
D	Walter Rogers	2784 Settlement Dr.	Jacksonville, Fl. 32226
D	John Heath	1075 McManus Rd.	Hephzibah, Ga. 30815

10. 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., 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 under section 119.07(3)(i), 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:

Deborah Gelaro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/04

Date

(904)-757-0662

Daytime Phone #