

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 OCT 17 PM 2:32

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 564160

1. Corporation Name

PROFESSIONAL TRANSPORT SYSTEMS, INC.

Principal Place of Business

Mailing Address

225 SOUTHWEST 21ST TERRACE
FT. LAUDERDALE FL 33312

P.O. BOX 100
FORT LAUDERDALE FL 33302

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/05/1977

5. FEI Number

59-1838263

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	DAMIANO, JOSEPH	225 S.W. 21ST TERR	FT. LAUDERDALE FL
PD	DAMIANO, JOSEPH	225 S.W. 21ST TERR	FT. LAUDERDALE FL DELETE
			300003438023-5 -10/24/00-01087-016 ****150.00 ****150.00
			LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ALMAN, MARTIN H
17290 NE 19TH AVE
N MIAMI BCH FL 33162

Name

JOSEPH DAMIANO

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

225 SOUTHWEST 21 TERRACE

Suite, Apt. #, Etc.

City

FT LAUDERDALE

State

FL

Zip Code

33312

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Joseph Damiano
REGISTERED AGENT MUST SIGN

Date OCTOBER 16, 2000

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., 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OCTOBER 16, 2000

Date Daytime Phone #

954/584-1111

203

Professional Transport Systems Inc.
225 Southwest 21 Terrace
Ft Lauderdale, Florida 33312

October 16, 2000

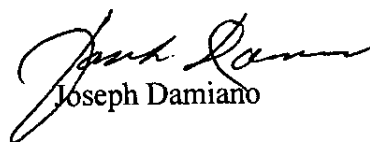
Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

To Whom It May Concern:

Per our phone conversation October 16, 2000, with Leslie at 2:47 PM, please accept this letter of intent for the Corporate Annual Report, as the original was not received. Phone calls to the Department of State were placed to notify your office.

Please feel free to contact this office if you are in need of any additional information. Thank you for your full cooperation in this matter.

Sincerely,


Joseph Damiano