

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 FEB 19 AM 11:10

DOCUMENT # 730997

1. Corporation Name

ALLIED BUS OPERATORS ASSOCIATION, INC.

200089299762
02/27/07--01010--021 **787.50

REINSTATEMENT 98-07

2. Principal Office Address

17060 W. DIXIE HWY

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

N. MIAMI BEACH, FL

City & State

Zip

33160

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/23/1974

5. FEI Number

591643203

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

LOUIS J. TERMINELLO, ESQ

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

TERMINELLO + TERMINELLO, PA

Suite, Apt. #, Etc.

2700 SW 37 AVENUE

City

MIAMI

State

FL

Zip Code

33133

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

REGISTERED AGENT MUST SIGN

Date 2/6/2007

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
PDS	WALTER STRONG	15710 NW 7 AVE, #G	MIAMI, FL 33169
VTD	JULIUS RAHMING	15240 S. BISCAYNE DR.	MIAMI, FL 33169
D	CLANSCI STRONG	735 NW 177 TER.	MIAMI, FL 33169

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 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #