

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

17 OCT -3 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400304148544

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

11/08/2013

5. FET Number

06-1048835

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

CORPORATION
REINSTATEMENT
2014-2017



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F130000004893

1. Corporation Name

Bacarella Transportation Services, Inc.

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

375 Bridgeport Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

375 Bridgeport Avenue

Suite, Apt. #, etc.

City & State

Shelton, CT

City & State

Shelton, CT

Zip

06484

Country

United States

Zip

06484

Country

United States

7. Name and Address of Current Registered Agent

Name

Corporation Services Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

Roxanne Turner

REGISTERED AGENT MUST SIGN

Roxanne Turner

Asst. Vice President

Date 10/3/17

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
P	Rosario Bacarella	12 Commerce Drive	Shelton, CT 06484
COO	Martin Capuano	12 Commerce Drive	Shelton, CT 06484

10. E-mail Address: bschwartz@btglobal.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:

 C/O

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

203-925-5905

Daytime Phone #

ASHTON

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 817037 8143027

AUTHORIZATION :

[Signature]

COST LIMIT : \$ 1200.00

ORDER DATE : September 14, 2017

ORDER TIME : 9:32 AM

ORDER NO. : 817037-015

CUSTOMER NO: 8143027

17 OCT -3 AM 11:04

REINSTATEMENT

NAME: BACARELLA TRANSPORTATION
SERVICES, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XXX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner

EXAMINER'S INITIALS _____

282