

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F57177					
1. Corporation Name DISTRON TRANSPORTATION SYSTEMS, INC.					
2. Principal Office Address 5505 Blue Lagoon Drive			3. Mailing Office Address 5505 Blue Lagoon Drive		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Miami, Florida			City & State Miami, Florida		
Zip 33126	Country USA	Zip 33126	Country USA	4. Date Incorporated or Qualified To Do Business in Florida 12/04/1981	
5. FEI Number 411430261				Applied For ☐ Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☐				SD.75 Affidavit Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name CT CORPORATION SYSTEM					
Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Road					
Suite, Apt. #, Etc.					
City Plantation				State FL	Zip Code 33126
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 <i>Barbara A. Burke</i>		BARBARA A. BURKE SPECIAL ASSISTANT SECRETARY 6-18-04			
REGISTERED AGENT MUST SIGN					
9. Name and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
P&D	Michael Ellis	5505 Blue Lagoon Drive		Miami, FL 33126	
T&D	Sheila Reinken	5505 Blue Lagoon Drive		Miami, FL 33126	
S & D	W. Barry Blum	5505 Blue Lagoon Drive		Miami, FL 33126	
VP	Amy Knights	5505 Blue Lagoon Drive		Miami, FL 33126	
VP	Elsie Romero	5505 Blue Lagoon Drive		Miami, FL 33126	
AS	Lisa Wilson	5505 Blue Lagoon Drive		Miami, FL 33126	
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: <i>Lisa Wilson</i>		June 17, 2004 305/578-3264			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

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Florida Department of State
Division of Corporations
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CORPORATION REINSTATEMENT

DISTRON TRANSPORTATION SYSTEMS, INC.

Certificate of Status	0
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