

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

00 OCT 13 PM 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H52240

1. Corporation Name

GREATER JACKSONVILLE TRANSPORTATION COMPANY

Principal Place of Business

**10 STOCKTON STREET
JACKSONVILLE, FL 32204**

Mailing Address

**333 JENKINTOWN COMMONS
SUITE 300
JENKINTOWN, PA 19046**

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
333 JENKINTOWN COMMONS

4. Date Incorporated or Qualified
To Do Business in Florida

APRIL 15, 1985

Suite, Apt. #, etc.

Suite, Apt. #, etc.
SUITE 300

5. FEI Number

59-2541803

Applied For

Not Applicable

City & State

City & State
JENKINTOWN, PA 19046

Zip

Country

Zip
19046

Country
USA

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
President Secretary Treasurer Sole Director	BRIAN SOMERMAN	333 JENKINTOWN COMMONS SUITE 300	JENKINTOWN, PA 19046

400003447084--5
-11/01/00--01062--005
*****750.00 *****750.00

REINSTATEMENT

400003447084--5
-11/01/00--01062--006
*****8.75 *****8.75

8. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301-2525**

9. Name and Address of New 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
33324

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

Connie Bryan

CONNIE BRYAN

SPECIAL ASSISTANT SECRETARY
REGISTERED AGENT MUST SIGN

Date **October 13, 2000**

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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
Brian Somerman

October 12, 2000,

(215) 5886-0430

Date

Daytime Phone #

CR2E081 (12/98)