

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 JAN 16 PM 12:44

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H59099

1. Corporation Name

LESLIE TRANSPORTATION CORPORATION

Principal Place of Business

Mailing Address

% MARTIN S. PAGE
640 HAMILTON AVENUE
NASHVILLE TN 37203

% MARTIN S. PAGE
640 HAMILTON AVENUE
NASHVILLE TN 37203

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

2. New Principal Office Address, If Applicable

1616 ELM HILL PIKE
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

1616 ELM HILL PIKE
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

05/23/1985

5. FEI Number

35-1659691

Applied For

Not Applicable

City & State

ALAB

City & State

Zip

37210

Country

Zip

37210

Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	BRUCE, LESLIE A.	6516 MAPLEDOWNS DR.	FT. WAYNE IN
P	BRUCE, ROBERT E.	640 HAMILTON AVE, LL 1616 ELM HILL PIKE	NASHVILLE, TN 37203 37210
VP	HAGAN, KATHLEEN	640 HAMILTON AVE, LL 6728 DARDEN PL	NASHVILLE, TN 37203 37205
D	JANET HAGAN	640 HAMILTON AVENUE 6728 DARDEN PL	NASHVILLE TN 37205
D	JASON BRUCE	640 HAMILTON AVENUE 1616 ELM HILL PIKE	NASHVILLE TN 37210

8. Name and Address of Current Registered Agent

PAGE, MARTIN S.
228 E. DUVAL ST.
LAKE CITY FL 32055

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

200002063182-4

-01/21/97 State of Florida

***915.00 ***915.00

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.055, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

1-13-97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

Kathleen Hagan KATHLEEN HAGAN

Date

1/8/97

Daytime Phone #

615 399 9277

CR25040 (7/96)