PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLEASE DEAL	ALL INSTRUCT	TONS BEFORE	DOMECE TING TAILS FOR ING.	
APPLICATION	Los.	ARTMENT OF STATE B. Mortham		
PEINCTATEMENT	Secret	ary of State	FILED	
ATOMOTATE DIETA	DIVISION O	F CORPORATIONS	i (
DOCUMENT # J01658 1. Corporation Name	199	77 Anna	97 APR 25 PM 12: 44 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
APPLE TRANSPORTATION	I, INC.	1 (Riport	FLAMASSEE, FLORIDA	
Principal Place of Business 15501-6 MCGREGOR BLVI STE 6 FT MYERS, FL 33908	P.O. BOX			
11 MIERS, 11 33900	FT MYERS,	FL 33908		
If above addresses are incorrect in any way, line 2. New Principal Office Address, If Applicable	through incorrect information 3. New Mailing Address		DO NOT WRITE IN THIS SPACE 4. Date Incorporated or Qualified	
			To Do Business in Florida 02/28/1986	
Suite, Apt. #, etc.		·	5. FEI Number Applied For	
City & State	City & State		65-049/697 Not Applicable	
Zip Country	Zip	Country	CERTIFICATE OF STATUS DESIRED 58 75 Additional Fee required for a Certificate of States	
Names and Street Addresses of Each Officer a Name of Officers	nd/or Director (Florida nonpre	ofit corporations must list at le Street Address of Each		
Trile(s) and/or Directors		Officer and/or Director Do NOT Use Post Office Box I	r City / State / Zip	
PST POELKER, JOHN J. JR.		1-2 AMBERWOOD D-2	FT MYERS, FL 33908	
		<u>-</u>		
			900002158968 9 -04/29/9701077777008 ****165.00 ****165.00	
8. Name and Address of Curre	nt Registered Agent		Name and Address of New Registered Agent	
POELKER, JOHN J. JR.				
16081-2 AMBERWOOD CT		Street Address (Name Street Address (P.O. Box Number is Not Acceptable) Suite Act # Ftc	
UNIT D-1 FORT MYERS, FL 3390	8	Suite, Apt. #, Etc	Suite, Apt. #, Etc.	
·		City	State Zip Code	
10. I, being appointed the epistered agent of the	above named corporation, am	familiar with and accept the o		
Signature of Registered Agent Agent Must sign Date 4-21-97 REGISTERED AGENT MUST SIGN				
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No No (See other side for information on Intangible tax.)				
Dept. of Revenue under S. 199.032, Florida Statutes. Yes No No on intengible tax.)				
lease the Division of Corporations from any lia certify that I am an officer or director or the re this reinstatement application the reason for of fees owed by the corporation have been paid	bility of non-compliance with ceiver or trustee empowered	Section 119.07(3)(k) in the evito execute this application as	y for the exemption stated in Section 119.07(3)(k), Florida Statutes. I re- ent that the information supplied is deemed exempt from public access. I s provided for in chapter 607 or 617, F.S. I further certify that when filing les the requirements of section 607.0401 or 617.0401, F.S., and that all accurate, and my signature shall have the same legal effect as if made	
SIGNATURE: John 1/12-1200				
TIQUATIDE AND TYPES OF	DOINTED MANE OF SIGNING OF	CICED OD DIDECTOD	Date # Daytime Phone #	