

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 APR 21 PM 4:32

SECRET  
TALLAHASSEE, FLORIDA

DOCUMENT # **J44354**

**1. Corporation Name**

Florida Traction Corporation

**2. Principal Office Address**

603 Chester Road

**3. Mailing Office Address**

P.O. Box 1091

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lakeland, FL

City & State

Lithia, FL

Zip

33803

Country

USA

Zip

33547-1091

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

11/21/1986

**5. FEI Number**

59-2915782

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☒**

\$3.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT 94-05**

**7. Name and Address of Current Registered Agent**

Name

Marguerite Q. Freeman

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

6014 Hammock Hill Avenue

Suite, Apt. #, Etc.

City

Lithia

State

FL

Zip Code

33547

400055203134  
05/24/05--01077 012 \*\*2015-75 \$2408.75

**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

*Marguerite Q. Freeman*  
REGISTERED AGENT MUST SIGN

Date **4-18-05**

**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
DP	Patricia C. Quets	603 Chester Road	Lakeland, FL 33803
D	Gabrielle Quets	603 Chester Road	Lakeland, FL 33803
D	Marguerite Freeman	603 Chester Road	Lakeland, FL 33803

**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:

*Patricia C. Quets*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*April 18, 2005*

Date Daytime Phone #

CR2E001 (07/05)