

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K41754

1. Corporation Name

SPECIALIZED TRANSPORT OF TAMPA BAY, INC.

2. Principal Office Address - No P.O. Box #

1300 Armstrong Ln,

Suite, Apt. #, etc.

Suite B

City & State

Titusville Fl

Zip

32980

Country

USA

3. Mailing Office Address

P.O. Box 962

Suite, Apt. #, etc.

City & State

Cape Canaveral Fl

Zip

32920

Country

USA

7. Name and Address of Current Registered Agent

Name

BOBBY L WEBB

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

7432 Bordwine Dr

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32818

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

REGISTERED AGENT MUST SIGN

Date **1/9/2010**

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 |
|-----------|--------------------------------------|---|--------------------|
| PRESIDENT | BOBBY L WEBB | 7432 Bordwine Dr | ORLANDO FL 32818 |
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REINSTATEMENT

RH

10. E-mail Address: **BWEBB@EANDSTECH.COM**

(To be used for future annual report notification)

11. 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. I further certify, 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:

BOBBY L WEBB

1/9/2010

813 323 7710

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

10 JAN 12 PM 12:41

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

700165776897

01/12/10--01003--025 **1050.00

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

10/28/1988

5. FEI Number

592915972

☐ Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.