

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 23 PM 2:50

DOCUMENT #

K91674

1. Corporation Name

Phoenix TRANSPORT AND SERVICES, INC.

600003455636--9
-11/07/00--01090--035
****758.75 ****758.75

2. Principal Office Address

45 W. Smith St.

Suite, Apt. #, etc.

Winter Garden, FL

City & State

Zip
34787

Country
USA

3. Mailing Office Address

P.O. Box 770487

Suite, Apt. #, etc.

City & State
Winter Garden, FL

Zip
34777-0487

Country
USA

REINSTATEMENT

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4. Date Incorporated or Qualified To Do Business in Florida

May 5, 1989

5. FEI Number

59-2960412

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

VALERIE AUSTIN GRAY

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

524 SAND LIME ROAD

Suite, Apt. #, Etc.

City

WINTER GARDEN

State
FL

Zip Code

34787

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

Valerie E. Austin Gray
REGISTERED AGENT MUST SIGN

Date

10/19/2000

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
Pres	Andrea H White	995 Tildenville Sch Rd. Winter Garden, FL 34787	
VP	Ernest Kenneth White	995 Tildenville Sch Rd	Winter Garden, FL 34787
Sec/Treas	Kathryn W. Austin	993 Tildenville Sch Rd	Winter Garden, FL 34787

KE

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:

Andrea H White, Pres
Andrea H White, Pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-19-00

Date

407-905-0446

Daytime Phone #

CR2E081 (9/99)