

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 MAR -7 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L44712

1. Corporation Name

Financial Transportation Services, Inc.

2. Principal Office Address

4013 Premier Street

3. Mailing Office Address

4013 Premier Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Memphis, TN

City & State

Memphis, TN

Zip

38118

Country

USA

Zip

38118

Country

USA

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

5. FEI Number

59-2988810

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

CT Corporation System

100003851281-9

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

1200 South Pine Island Road

03/13/01-01105-023

****900.00 ****900.00

Suite, Apt. #, Etc.

City

Plantation

State
FL

Zip Code
33324

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 03/06/2001

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
P	Thomas DeHart	4013 Premier Street	Memphis, TN 38118
ST	Sandra DeHart	4013 Premier Street	Memphis, TN 38118

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas DeHart, President

March 1, 2001

Date

(901) 375-1066

Daytime Phone #

CR2E081 (9/00)