

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

**CORPORATION
REINSTATEMENT**



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

00 JAN 11 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L 90127**

1. Corporation Name

ARKANSAS BUS EXCHANGE CORP.
12253 W COLONIAL DRIVE
WINTER GARDEN, FL 34787

2. Principal Office Address

12253 W COLONIAL DRIVE
Suite, Apt. #, etc.

3. Mailing Office Address

SAME
Suite, Apt. #, etc.

City & State

WINTER GARDEN, FL

City & State

Zip **Country**
34787 **USA**

REINSTATEMENT 99-00

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

7-31-90

5. FEI Number

59-3018790

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

STEVEN OLESEN

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

12253 WEST COLONIAL DRIVE

Suite, Apt. #, Etc.

City

WINTER GARDEN

100003099221-7

-01/14/00-01076-01

******908.75 ****908.75**

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**

[Signature]

REGISTERED AGENT MUST SIGN

Date **1-11-2000**

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
SEC OF TREASURER	STEVEN OLESEN	13201 OLESEN COURT	CLERMONT, FL 34711
PRESIDENT	DARLA OLESEN	12252 VALENCIA DRIVE	CLERMONT, FL 34711

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

STEVEN OLESEN

1-11-2000

Date

Daytime Phone #

407-877-5791

KE

CR2E081 (9/99)