

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 24 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M00339**

1. Corporation Name

WHB TRANSPORTATION, INC.

Principal Place of Business

1330 SOUTHEAST 4TH AVENUE
SUITE D & E
FORT LAUDERDALE FL 33316
US

Mailing Address

1300 SOUTHEAST 4TH AVENUE
SUITE D & E
FORT LAUDERDALE FL 33316
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/09/1984

5. FEI Number

59-2426723

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	2	Name of Officers and/or Directors	3	Street Address of Each Officer and/or Director	4	City / State / Zip
PST		BODENHAMER, WILLIAM H		1330 S.E. 4TH AVE 5-D		FT. LAUDERDALE FL

300024950073

11/24/03--01021--003 **758.75

8. Name and Address of Current Registered Agent

LEDER, NATHAN I
5200 BLUE LAGOON DR
SUITE 600
MIAMI FL 33126

9. Name and Address of New Registered Agent

Name

Nathan I Leder

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

1330 SE 4th Av.

Suite, Apt. #, Etc.

Suite G

City

Fort Lauderdale

State

FL

Zip Code

33316

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11/17/03

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 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

11/17/03

Date

(954) 524-6500

Daytime Phone #

CR2E040 (7/03)