

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

Mailing Address

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

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.



REINSTATEMENT 03

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05/09/1984	
City & State		City & State		5. FEI Number	
Zip		Country		59-2426723	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)

1. 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

9. Name and Address of New Registered Agent

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

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

Date

11/17/03

REGISTERED AGENT MUST SIGN

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)