

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

16 NOV 14 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N15000009450

1. Corporation Name

AMALGAMATED TRANSIT UNION LOCAL 1464, INC.

2. Principal Office Address - No P.O. Box #

104 W. COUNTRY CLUB DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX 17595

Suite, Apt. #, etc.

City & State

TAMPA, FLORIDA

City & State

TAMPA, FLORIDA

Zip

33612

Country

UNITED STATES

Zip

33682

Country

UNITED STATES

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida
SEPTEMBER 28, 2015

5. FEI Number

Applied For

X

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

EFFREM GREEN

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

104 W. COUNTRY CLUB DRIVE

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33612

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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 NOVEMBER 9, 2016

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	EFFREM GREEN	104 W. COUNTRY CLUB DRIVE	TAMPA, FLORIDA 33612
VP	DERWIN BRIGHT	104 W. COUNTRY CLUB DRIVE	TAMPA, FLORIDA 33612
T	SANDRA SURGEON JONES	104 W. COUNTRY CLUB DRIVE	TAMPA, FLORIDA 33612

10. E-mail Address: ATULOCAL1464@YAHOO.COM

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

EFFREM GREEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/9/16

813-930-0888

Date

Daytime Phone #