

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N93000002006		99 JUN -9 AM 8:55 TALLAHASSEE, FLORIDA	
1. Corporation Name SUWANNEE VALLEY TRANSIT, INC.			
Principal Place of Business 1992 CEDAR STREET CROSS CITY FL 32628		Mailing Address P O BOX 1992 CROSS CITY FL 32628	
If above addresses are incorrect in any way, line through incorrect information and enter correction below		 REINSTATEMENT 98-097	
2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
		4. Date Incorporated or Qualified To Do Business in Florida 04/30/1993	
		5. FEI Number 59-3192790	
		Applied For Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED <input 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
CBD CBD	WINSTEAD, DOROTHY R T.C. GALLOWAY	P.O. BOX 1992 N/A P.O. BOX 1992/NA	CROSS CITY FL 32628 CROSS CITY, FL 32628
VCBD	BROWN, JEFFERY A	P.O. BOX 1992 N/A	CROSS CITY FL 32628
STD	WILLIAMS, JO E	P.O. BOX 1992 N/A	CROSS CITY FL 32628
D	DAVIS BOBBIE D	P.O. BOX 1992 N/A	CROSS CITY FL 32628 LS
D D	CLEMONS, LUCILLE Shirley Johnson	P.O. BOX 1992 N/A P.O. Box 1992 N/A	CROSS CITY FL 32628 Cross City FL 32628
D	MILLER, DONNA Y	P.O. BOX 1992 N/A	CROSS CITY FL 32628
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
GALLOWAY, T C 1992 CEDAR STREET CROSS CITY FL 32628		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City	
		3000929081-72-1 -06/17/99--01096--004 ****257-50 2686297.50 FL	
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.			
Signature of Registered Agent 		Date 06/04/99	
REGISTERED AGENT MUST SIGN			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)			
12. 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: T.C. Galloway 		6/4/99 (352) 498-1414 Date Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E040 (9/98)