

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 FEB 12 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000003390**

1. Corporation Name

Mid-County Transportation Planning Coalition, Inc.

2. Principal Office Address

1700 Palm Bch. Lakes Blvd.

Suite, Apt. #, etc.

1000

City & State

W. Palm Beach, Florida

Zip

33401

Country

USA

3. Mailing Office Address

1700 Palm Bch. Lakes Blvd.

Suite, Apt. #, etc.

1000

City & State

W. Palm Beach, Florida

Zip

33401

Country

USA

REINSTATEMENT 98-03

4. Date Incorporated or Qualified
To Do Business in Florida

07/06/94

5. FEI Number

650637357

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

Robert P. Diffenderfer

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

1700 Palm Beach Lakes Boulevard

Suite, Apt. #, Etc.

1000

City

West Palm Beach

State
FL

Zip Code
33401

000012333520
02/12/03--01017--021 **541.50

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

2/5/03

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
D	Bruce W. Keihner	150 Alhambra Circle Suite 800	Coral Gables, Fl. 33134
D	Frederick E. Singer	2935 S.W. Brighton Way	Palm City, FL. 34990
D	Diane Siers	1705 Belmont Place	Boynton Beach, Fl. 33436

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

Date

772 223-8689

Daytime Phone #

CR2E081 (10/02)