

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 JUN 27 PM 5:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N95000001355**

1. Corporation Name

NATIONAL CHILD TRANSPORTATION
ASSOCIATION, INC.

2. Principal Office Address

381 HIDDEN VALLEY DR.
Suite, Apt. #, etc.

City & State

NAPLES FL.

Zip

34113

Country

U.S.A.

3. Mailing Office Address

381 HIDDEN VALLEY DR.
Suite, Apt. #, etc.

City & State

NAPLES FL.

Zip

34113

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

MARCH 21, 1995

5. FEI Number

65-0569736

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

SP

REINSTATEMENT

96-00

7. Name and Address of Current Registered Agent

Name

ROBERT J. HAINSWORTH

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

381 HIDDEN VALLEY DR.

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34113

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **MAY 30/00**

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
C	JACQUELINE TUCHLER	4801 S. UNIVERSITY DR	DAVIE FL. 33328
V	JOE SAPPINGTON	5873 WOOD VALLEY RD	ELKRIDGE MD. 21227
S	MIKE LOPEMAN	TWO PIERCE PLACE	ITASCA IL 60143
S	ROB HAINSWORTH	381 HIDDEN VALLEY DR	NAPLES FL. 34113
D	PATRICIA JACKSON	4309 BRANDY ANN CT.	ACWORTH GA 30101
D	COREEN FUJINAMI	10601 S. DE ANZA BLVD	CUPERTINO CA 95014

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]

ROBERT J. HAINSWORTH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

MAY 30, 2000

Daytime Phone #

(941) 775-5200