

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

01 MAR 23 AM 11:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N96000004449

1. Corporation Name

TRANSPORTATION SAFETY SOLUTIONS, INC.

Principal Place of Business

Mailing Address

C/O DAN BURDAN  
320 SOUTH MAIN STREET  
HIGH SPRINGS FL 32643

3013 YORK ST S  
GULFPORT FL 33707-5657  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

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

Zip

Country

2780 48th Ave N.

St. Petersburg, FL

33714

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

08/22/1996

SP

5. FEI Number

Applied For

NOT APPLICABLE

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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
D	VAN HOUTEN, RON	17 JOHN BRENTON DR, DARTMOUTH, N	CANADA B2X2V5
D	BURDAN, DAN	320 SOUTH MAIN STREET	HIGH SPRINGS FL 32643
D	MALENFANT, LOUIS	115 REDWOOD ST POINTE DU CHERE	CANADA EO
			400003853224--3 -04703701--01063--003 *****297.50 *****297.50

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BURDAN, DAN  
320 SOUTH MAIN STREET  
HIGH SPRINGS FL 32643

Name

RON VAN HOUTEN Ph.D.

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

2780 48th Ave N.

Suite, Apt. #, Etc.

City

St. Petersburg

State

FL

Zip Code

33714

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

*SIGNATURE REQUIRED*

Date March 15 2001

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 REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RON VAN HOUTEN (President)

March 15 2001 727 526 7307

Date

Daytime Phone #

CR20040 (800)