FOR PROFIT CORPORATION

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UNIFORM BUSINESS REPORT	(UBR)	۸	FIL.	ヒリ
DOCUMENT # ροσοσοσί2 417 1. Entity Name		02 JUN 13 AM 9: 10		
PRO-AMERICAN TRANSPORT SERVICES, INC			. SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DO NOT WRITE IN THIS SPACE			8000005911	
2. Principal Place of Business 3717 OLD KING-C ROAD 3717 OLD K Suite, Apt. #, etc. Suite, Apt. #, etc.	3717 OLD KINGS ROAD		-06/21/0201076007 ****300.00 ****300.00 do not write in this space	
City & State JACK JONVILLE FL JACK JONVILLE FL JACK JONVI	JACKJOHVILLE PL		4. FEI Number 59-3620905	Applied For Not Applicable
Zip 32254 US 32254	Country	:		\$8.75 Additional Fee Required
Company and the second of the			7. Name and Address of Current Registered	Agent
The second of th	Name	ROY	KEITH COONER	a contrapose
DO NOT WRITE IN THIS SPACE		ddress (F	P.O. Box Number is Not Acceptable)	
			JONVILLE FL	^{zig Code} 32254
8. The above named entity submits this statement for the purpose of changing its re	egistered office or	register	ed agent, or both, in the State of Florida.	
SIGNATURE				
	Registered Agent signatu		when reinstating) DATE	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) January 1 May 1 Fee is \$150.00 After May 1, Fee is \$550.00 After May 1, Fee is \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State				
11. OFFICERS AND DIRECTORS			V	2.2
TIPLE PD	TITLE			(12/01
NAME TROY BRUCE COONER STREET ADDRESS 3717 OLD KINGS ROAD	NAME STREET ADDRESS			
CITY-ST-ZIP JACKSONVILLE FL 32254	CITY-ST-ZIP	* *		2 8 8 8
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NAME TROY KEITH COUNER	NÂME :			5
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CITY-ST-ZIP	OTT - OT - EW	L		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Troy & Cooner

TO WHOM IT MAY CONCERN.

We recently received a letter (letter # 202a00032926) with our payment back stating that it would be \$900.00 to re-instate our corporation. After speaking with Barbara at the Florida Dept. of State, we learned that last years dues were not paid. We at Pro-American are sincerly sorry that this was not taken care of. We've had some staffing changes which probally aided in this getting overlooked. We are sorry for any inconvenience this may have caused and are re-submitting a payment of \$300.00. to re-instate. If there are any questions or problems, please feel free to contact Cathy Cooner at 904-353-9735 between the hours of 8am til 5pm est. Thank you for your cooperation.

Thank you