

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR 24 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000060015

1. Corporation Name

PRO-AMERICAN SPECIALIZED TRANSPORT, INC.

Principal Place of Business

Mailing Address

3451 CITATION DRIVE
GREEN COVE SPRINGS FL 32043

3451 CITATION DRIVE
GREEN COVE SPRINGS FL 32043

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

2. New Principal Office Address, If Applicable

232 BIRD Rd.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

232 BIRD Rd.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

32218-1812

Country

DUVAL

Zip

32218-1812

Country

DUVAL

4. Date Incorporated or Qualified
To Do Business in Florida

06/21/2000

5. FEI Number

59-3653786

Applied For

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	SELLERS, LEE	232 BIRD ROAD	JACKSONVILLE FL 32218
D	MOODY, MARILYN	3451 CITATION DRIVE	GREEN COVE SPRINGS FL 32043
D	WORLEY, MICHAEL	1371 LOST ACRE ROAD	GREEN COVE SPRINGS FL 32043

400016965214
04/24/03-01069-007 **908.75

8. Name and Address of Current Registered Agent

ROWE AND ROWE, P.A.
9471 BAYMEADOWS ROAD STE 203
JACKSONVILLE FL 32256

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

3/12/2003

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

Date

3-31-03

Daytime Phone #

9045455424

CR2E040 (8/02)