PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State Division of corporations | FILED 09 AUG 12 AM 9: 42 |
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| DOCUMENT # P00000087762 1. Corporation Name | SECRETARY OF STATE TALLAHASSEE, FLORIDA |
| A SIGNATURE TRANSPORT CAR SERVICE, INC | 08/12/0901037002 **1058. 75 REINSTATEMENT <u>07-0</u> 9 |
| 2. Principal Office Address - No P.O. Box # //55/ MINNIEOLA DR Suite, Apt. #, etc. 3. Mailing Office Address //55/ MINNIEOLA DR Suite, Apt. #, etc. | 400159514904 08/12/0901037002 **1058.75 crze081 (12/08) |
| Suite, Apt. #, etc. | 4. Date Incorporated or Qualified To Do Business in Florida 9//8/2000 |
| City & State NPR, FC NPR, FC | 5. FEI Number Applied For Not Applicable |
| 2ip 34654 Country 134654 Country U.S | CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status |
| 7. Name and Address of Current Registered Agent | |
| Name TERRY DUROSS | ☐ The reinstatement fee is imposed, except in |
| Street Address (P.O. Box Number is Not Acceptable) 11551 MINNIED LA DE | circumstances which the entity did not receive the prior notices. By checking this box, you |
| Suite, Apt. #, Etc. | are certifying the prior notices were not received and requesting the reinstatement |
| City NPR State Zip Code FL 34654 | fee be waived. |
| 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the ol | bligations of section 607.0505 or 617.0503, F.S. |
| Signature of Registered Agent CLUC REGISTERED AGENT MUST SIGN | Date 8/7/09 |
| 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at le- | ast 3 directors) |
| Titles Name of Street Address of Each Officers and/or Directors Officer and/or Directors | |
| P TERRY DURUSS 11551 MINNIEDIA DR NPR F134654 | |
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| 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 ellminated, 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 contained in Chapter 119, 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: SIG | |
| SIGNATURE: SIGNATURE AND WHED OR PRINTED NAME OF SIGNING OFFICER OR BIRECTOR | Date Daytime Phone # |