

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JAN 31 AM 9:05

DOCUMENT # P00000093192

1. Corporation Name

PETE'S TRANSPORTATION, INC.

2. Principal Office Address

3630 NW 80<sup>TH</sup> AVE

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FL

Zip

33065

Country

USA

3. Mailing Office Address

3630 NW 80<sup>TH</sup> AVE

Suite, Apt. #, etc.

City & State

CORAL SPRINGS FL

Zip

33065

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

9/29/2000

5. FEI Number

65-0544323

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 01-05

7. Name and Address of Current Registered Agent

Name

DUBROW DUKER & ASSOCIATES, PA

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

2832 UNIVERSITY DRIVE

Suite, Apt. #, Etc.

City

CORAL SPRINGS

State

FL

Zip Code

33065

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

Date

1/28/05

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| P      | EUGENE PETERSON                      | 3630 NW 80 <sup>TH</sup> AVE                      | CORAL SPRINGS FL   |
|        |                                      |   | 33065              |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/28/05

Daytime Phone #

(954) 346-4169

CR2E081 (01/05)