

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

03 SEP 22 PM 2:15

DOCUMENT #

800000098684

1. Corporation Name

PYRAMID TRANSPORTATION INC

600023554716
10/03/03--01088--010 **8.75
600023554716
10/03/03--01088--009 **150.00

2. Principal Office Address

7004 STONE CHAPEL CT.

Suite, Apt. #, etc.

NONE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

Zip

32818

Country

ORANGE

Zip

Country

REINSTATEMENT

03

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

51-3676019

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DAVID HARRIS

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

7004 STONE CHAPEL CT.

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32818

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

David Harris

REGISTERED AGENT MUST SIGN

Date 9/22/03

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

Titles

Name of
Officers and/or Directors

Street Address of Each
Officer and/or Director

City / State / Zip

OWNER	DAVID HARRIS	7004 STONE CHAPEL COURT	ORLANDO FL-32818

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:

David Harris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/22/03

Date

407-814-1510

Daytime Phone #

CR2E081 (10/02)

9/22/03

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

TO WHOME IT MAY CONCERN,

THIS LETTER IS TO INFORM THAT, PYRAMID TRANSPORTATION INC.

THE NAMED CORPORATION DID NOT RECEIVE A ANNUAL CORPORATE REPORT

DUE TO THESE CIRCUMSTANCES WE ARE ASKING THAT YOU ABATE THE REINSTATEMENT FEES.

YOUR CONSIDERATION CONCERNING THIS MATTER IS GREATLY APPRECIATED.

CORDIALLY YOURS,
DAVID HARRIS