

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR 20 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

000000101804
BHag way Transport
445 S Federal Hwy
Del Ray Beach, FL
334813

2. Principal Office Address

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

2001

5. FEI Number

651052715

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

A. AR JUNE

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

6644 NW 78 DR PARKLAND FL

Suite, Apt. #, Etc.

City

State
FL

Zip Code

33067

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 3/7/03

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
Pres.	Ann AR JUNE	6644 NW 78 DR	PARKLAND FL 33067

000014411610

03/20/03--01048--014 **\$300.00

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ann AR JUNE

Date

3/7/03

Daytime Phone #

861-272-0274

CR2E081 (10/02)

3/21

FEBRUARY 20/03

BHAGWAY TRANSPORT INC,
445 SOUTH FEDERAL HWY.
DELRAY BEACH.
33483

PLEASE FIND ENCLOSED CHEQUE FOR \$300.00 FOR THE RENEWAL OF THE ABOVE NAMED COMPANY AS WAS DISCUSSED.

DURING OUR CONVERSATION TODAY I INFORMED YOU THAT WE DID NOT RECEIVED ANY RENEWAL INFORMATION OR PAST DUE NOTICES ON THE ABOVE OR THAT THE COMPANY WILL BE DISOLVED.

I WOULD APPRECIATE YOU LOOKING INTO THIS AND REINSTATE MY COMPANY AT YOUR EARLIEST OPPORTUNITY.
YOU CAN REACH ME AT 561-272-0274 SHOULD YOU HAVE ANY QUESTIONS.

ONCE AGAIN THANK YOU.


ANN ARJUNE.