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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
ALBANY

01 NOV 27 PM 2:17

1. Corporation Name

Principal Place of Business

Mailing Address

[illegible]

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

10/30/2000

5. FEI Number

5. FBI Number
59-3679775

Applied For

Not Applicable

Zip	Country	Zip	Country
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8. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	RANDOLPH, SCOTT A	13375 CURRITUCK DR-N 59 OAKWOOD RD., Jacksonville Beach	JACKSONVILLE, FL 32225 32250
VST	RANDOLPH, VALERIE	13375 CURRITUCK DR-N 59 OAKWOOD RD., JACKSONVILLE BEACH	JACKSONVILLE, FL 32225 32250
			600004717636--1 -12/10/01--01117--017 ****150.00 ****150.00

600004717636--1

-12/10/01--01117--017

***150.00 ***150.00

9. Name and Address of New Registered Agent

Name _____

RANDOLPH, SCOTT A

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

59 OAKWOOD RD.

Suite, Apt. #, Etc.

City

^{ty} JACKSONVILLE BEACH

State	
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Zip Code

Zip Code 32250

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date _____

10/15/0.

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____

DO NOT REMOVE!

2052



Income Tax Services
Financial & Insurance Services
Accounting & Bookkeeping Services

JAMES K. REESE, EA
RICHARD L. ROSS, EA

1201 North Third Street • Jacksonville Beach, Florida 32250 • (904) 241-0050 • Fax (904) 241-0752

October 18, 2001

Division of Corporations
Post Office Box 6327
Tallahassee, FL 32302

Re: Randolph Transportation Company, Inc. – 2001 Uniform Business Report

Dear Sir or Madam:

We are in receipt of your 2001 Uniform Business Report and are asking your assistance in accepting the enclosed check for \$150.00 and the completed report. The Taxpayer never received the original report earlier this year. When we first learn this non-receipt, we complete and finalized this report and mailed it to your attention. Your cooperation and understanding is appreciated in advance.

If you have any questions, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to be "J. Reese", written over a horizontal line.

James K. Reese, EA

Enclosures:
2001 Uniform Business Report
Check for \$150.00