

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000106953

1. Corporation Name

AIRPORT TRANSPORTATION, INC.

2. Principal Office Address - No P.O. Box #

2292 GODFREY AVENUE

3. Mailing Office Address

2292 GODFREY AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SPRING HILL, FL

City & State

SPRING HILL, FL

Zip

34609

Country

Zip

34609

Country

7. Name and Address of Current Registered Agent

Name

PASCULLO, STEVEN P.

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

2292 GODFREY AVENUE

Suite, Apt. #, Etc.

City

SPRING HILL,

State

FL

Zip Code

34609

8. I, being appointed as 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

Steven P. Pascullo

Date 04/22/2010

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 Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|-----------------------|
| DPT | PASCULLO, STEVEN P. | 2292 GODFREY AVENUE | SPRING HILL, FL 34609 |
| WPS | LOWERY, MARYANN | 2005 ALDEN AVENUE | SPRING HILL, FL 34606 |
| | | | |
| | | | |
| | | | |
| | | | |

10. E-mail Address: MARYBETH@TAMPABAY.RR.COM

(To be used for future annual report notification)

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, I further certify 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: X

Steven P. Pascullo

STEVEN P. PASCULLO 04/22/2010 352-684-6696

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

10 APR 26 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400177707184
04/26/10--01059--007 **1050.00

REINSTATEMENT

08-10

4. Date Incorporated or Qualified
To Do Business in Florida

11/14/2000

5. FEI Number

59-3692083

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

PROFIT CORPORATIONS ONLY

☐ The \$600.00 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.