

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

Greg, F#
& your file
FILED
02 APR 18 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00 000 113954**

1. Corporation Name

E2 Access Transporters, Inc.

2. Principal Office Address

514 SW 2ND AVE

Suite, Apt. #, etc.

City & State

OCALA, FL

Zip

34474

Country

USA

3. Mailing Office Address

514 SW 2ND AVE

Suite, Apt. #, etc.

City & State

OCALA, FL

Zip

34474

Country

USA

REINSTATEMENT 01-02

4. Date Incorporated or Qualified
To Do Business in Florida

12-12-2000

5. FEI Number

59-3685642

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

Terrel Hood

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

514 SW 2ND AVE

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34474

200005449732--4

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*****300.00 ***900.00**

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

Terrel Hood

Date

2-27-02

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
Pres	Terrel Hood	514 SW 2ND AVE OCALA, FL 34474	OCALA, FL 34474

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:

Terrel Hood

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-02 352-732-2660

Date

Daytime Phone #

CR2E081 (9/01)