

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 MAR 11 PM 2:39

DOCUMENT # P00000116398

1. Corporation Name

Degenaine TRANSPORT. INC

2. Principal Office Address

10501 Rocket Ct

Suite, Apt. #, etc.

City & State

ORLANDO FL

Zip

32824

Country

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3720391

☒ 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

DERRICK P. BERNARD

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

16483- Chamberlain Blvd

Suite, Apt. #, Etc.

FORT CHARLOTTE FL

City

State

FL

Zip Code

33954

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

Derrick P. Bernard

REGISTERED AGENT MUST SIGN

Date 3-11-04

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
P	DERRICK P. BERNARD	10501 Rocket Ct	Ft. Charlotte, FL 33954

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:

Derrick P. Bernard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-04

Date

Daytime Phone #

CR2E081 (9/01)

To Whom It May Concern I Derrick Bernard
Did not receive my Renewal
Notification for my Corporation for
The year 2002 2003 yours Truly

Derrick P. Bernard