

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 13 PM 3:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000002002

1. Corporation Name

Express Care Transport, Inc.

REINSTATEMENT 02-03

400023743754
10/13/03--01020--012 **300.00

2. Principal Office Address

36404 Lake Unity Rd.

Suite, Apt. #, etc.

City & State

Fruitland Park, FL

Zip

34731

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Same

Zip

same

Country

Same

4. Date Incorporated or Qualified
To Do Business in Florida

1/1/2001

5. FEI Number

59-3692633

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

Lowell Kim Robinson

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

36404 Lake Unity Rd.

Suite, Apt. #, Etc.

City

Fruitland Park

State

FL

Zip Code

34731

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

10-9-03

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
D	Lowell Kim Robinson	36404 Lake Unity Rd	Fruitland Park, FL 34731

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

Date

10-9-03 352-323-5799

Daytime Phone #

CR2001 (10/02)

21 10/13

EXPRESS CARE TRANSPORT, INC.

October 9, 2003

To Whom It May Concern:

I am submitting this letter to notify you that I never received any notices to renew the corporation.

Please waive the late fees & reinstate this Corporation back to the original date.

Thank you,



Lowell Kim Robinson
Director