

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 OCT 22 PM 12:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000015532

1. Corporation Name

TRANSPORTATION SERVICES OF VOLUSIA COUNTY, INC.

Principal Place of Business

2024A GUAVA DRIVE  
EDGEWATER FL 32141

Mailing Address

2024A GUAVA DRIVE  
EDGEWATER FL 32141

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



REINSTATEMENT 02

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/07/2001

5. FEI Number

59-3699246

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
VSD	<del>FERNBERG, JOIE</del> MIELE	<del>2423 UNITY TREE DRIVE</del> 1965 FERN Palm Dr.	EDGEWATER FL 32141
PTD	MIELE, SHARON	<del>2423 UNITY TREE DRIVE</del> 1965 Fern Palm Dr.	EDGEWATER FL 32141

200008564582  
10/24/02--01032--024 \*\*758.75

8. Name and Address of Current Registered Agent

MIELE, SHARON  
~~3423 UNITY TREE DRIVE~~ 1965 Fern Palm Dr.  
EDGEWATER FL 32141

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Sharon Miele* REQUIRED  
REGISTERED AGENT MUST SIGN

Date 10-22-02

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:

*Sharon Miele* REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-22-02

Date

(386) 423-0503

Daytime Phone #

10/24/02

CR2ED040 (8/02)