

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 22 PM 12:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000033172

1. Corporation Name

TOMAHAWK TRANSPORT SERVICES INC.

Principal Place of Business

1142 47TH AVENUE N  
ST. PETERSBURG FL 33703

Mailing Address

1142 47TH AVENUE N  
ST. PETERSBURG FL 33703

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

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

03/30/2001

5. FEI Number

59-3719396

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	SIMPSON, MELANIE	1142 47TH AVENUE N	ST. PETERSBURG FL 33703

400024014674  
10/22/03--01055--012 \*\*150.00

8. Name and Address of Current Registered Agent

STEINMETZ, KAREN CPA  
5455 4TH STREET N  
ST. PETERSBURG FL 33703

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

*Karen Steinmetz*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 10/17/03

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:

*Melanie Simpson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/17/03 527-7429  
Date Daytime Phone #

CR2E040 (7/03)



KAREN L. STEINMETZ  
CERTIFIED PUBLIC ACCOUNTANT

October 16, 2003

Florida Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

RE: Tomahawk Transport Services, Inc.  
Document # P01000033172

Dear Sir/Madam:

I am responding for the above referenced corporation to your recent notice. It appears that the corporation has been dissolved as of September 19, 2003.

I have reviewed my files and can find no record othat the Annual Report was received earlier in the year. Currently, the taxpayer is waiting for license renewal forms from the State. The State says they were mailed, yet they have not been delivered to the taxpayer. I am assuming there was also a mail problem with the Annual Report.

I would ask that the penalties and additional fees be abated. The corporation did not intend to have the corporation dissolved. The shareholder did not know that an Annual Report was necessary, but would certainly have filed it timely if it had been received.

In anticipation of a positive response, enclosed please find a check for the filing fee of \$150. Thank you for your assistance in this matter.

Sincerely,

A handwritten signature in dark ink, appearing to read "Karen Steinmetz", with a stylized flourish at the end.

Karen L. Steinmetz

Cc: Tomahawk Transport