

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P01000073883**

1. Corporation Name

TRADEWINDS TRANSPORTING, INC.

Principal Place of Business

21224 QUESADA AVE
PORT CHARLOTTE FL 33952

Mailing Address

21224 QUESADA AVE
PORT CHARLOTTE FL 33952

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

12634 1ST ST.

Suite, Apt. #, etc.

12634 1ST ST.

City & State

FT. MYERS, FL.

City & State

FT. MYERS, FL.

Zip

33905

Country

LEE

Zip

33905

Country

LEE

4. Date Incorporated or Qualified
To Do Business in Florida

07/25/2001

5. FEI Number

31-1798923

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	HOLBERT, MIKE	21224 QUESADA AVE	PORT CHARLOTTE FL 33952
D	PACHECO, GLADYS	21224 QUESADA AVE	PORT CHARLOTTE FL 33952
			500023554985 10/03/03--01088--022 **150.00

8. Name and Address of Current Registered Agent

HOLBERT, MIKE
21224 QUESADA AVE
PORT CHARLOTTE FL 33952

9. Name and Address of New Registered Agent

Name

SAME

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

9-26-03

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 filling 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

9-26-03

Daytime Phone #

941-661-8973 cell#

CR2E040 (8/02)

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9-26-03

I Mike Tolbert President of Tradewinds
Transporting Inc. hereby certify that the
reinstatement fee of \$900.00 was paid.

Sincerely Yours. Mike Tolbert / Tradewinds Transporting.
(941) 661-8973