

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 MAY 31 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO1000084179**

1. Corporation Name
**TMRS Transport Services, Inc.
dba NAIRN Transportation**

2. Principal Office Address
11542 Lake Willis Dr.
Suite, Apt. #, etc.

3. Mailing Office Address
P.O. Box 690338
Suite, Apt. #, etc.

City & State
Orlando, Florida
Zip
32869
Country
Orange

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Orlando, Florida
Zip
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4. Date Incorporated or Qualified
To Do Business in Florida **8/24/01**
5. FEI Number
593743587
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
Edna M. Rabata
Street Address (P.O. Box Number is Not Acceptable)
11542 Lake Willis Drive
Suite, Apt. #, Etc.
City
Orlando

State
FL
Zip Code
32821

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 **Edna Rabata**
REGISTERED AGENT MUST SIGN

Date **5/25/05**

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
Pres.	Edna M. Rabata	11542 Lake Willis Dr.	Orlando, FL. 32821
V.P.	Mohammad K. Raba	11542 Lake Willis Dr.	Orlando, FL. 32821
Sec.	Carmen Kortright	10431 Tara Dr.	Riverview, FL. 33569

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05/31/05--01085--008 **1050.00

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:

Edna Rabata **Edna Rabata** **5/25/05** **407238-0006**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #