

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

FILED

02 DEC -9 PM 12:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION
FOR REINSTATEMENT



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

DOCUMENT # P01000084946

1. Corporation Name

S TRANSPORTATION, INC.

Principal Place of Business

5100 MAPLEWOOD COURT
CALLAHAN FL 32011

Mailing Address

5100 MAPLEWOOD COURT
CALLAHAN FL 32011



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

2. New Principal Office Address, If Applicable

5102 Maplewood Ct.
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

P.O. Box 611
Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

08/27/2001

5. FEI Number

59-3742258

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

City & State
Callahan, FL

Zip
32011

Country
U.S.A.

City & State
Callahan, FL

Zip
32011

Country
U.S.A.

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
Owner	Sergio A. Sandoval	5100 Maplewood Court P.O. Box 611	Callahan, FL 32011

300009080943
11/19/02--01095--004 **158.75

Smith

8. Name and Address of Current Registered Agent

SANDOVAL, SERGIO A
5100 MAPLEWOOD COURT
CALLAHAN FL 32011

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suites, 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 REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-25-02

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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

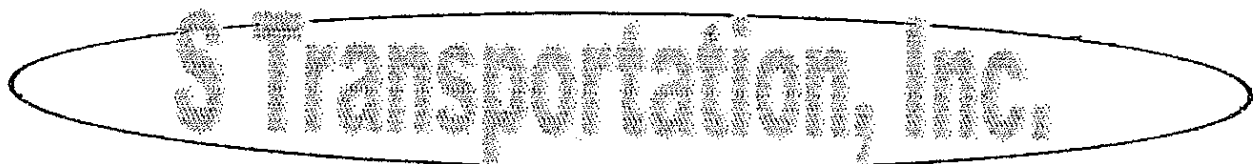
Daytime Phone #

904-879-6237

CR2E040 (8/02)

20f2

5102 MAPLEWOOD COURT * CALLAHAN, FLORIDA 32011



904-879-6237

October 25, 2002

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314-6327

Re: Document #P01000084946

Dear Madam or Sir:

Enclosed, please find the above referenced document filled out and signed.

Please note that we did not receive the prior UBR notices, otherwise, they would of be signed and sent back by their due date. Please also make note of the change of address. It is possible that this is why we did not receive prior notice.

Should you have any questions or require additional information, I may be contacted at the above telephone number. If I am not available, you make seek questions from my secretary, Sherry Howe.

Respectfully Submitted,

A handwritten signature in black ink, appearing to read 'Sergio A. Sandoval', is written over the typed name. The signature is fluid and cursive, with a large loop at the end.

Sergio A. Sandoval