

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

11 OCT 28 AM 11:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000088111

1. Corporation Name

All out Transport, INC.

2. Principal Office Address - No P.O. Box #

2735 Burroughs Rd

Suite, Apt. #, etc.

City & State

Middleburg, FL

Zip Country

32068

clay

3. Mailing Office Address

Po Box 391

Suite, Apt. #, etc.

City & State

Middleburg, FL

Zip Country

32050

clay

**REINSTATEMENT 02-11**

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

59-3757461

☐ 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

Montague G. Mack

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

2735 Burroughs Rd

Suite, Apt. #, Etc.

City

Middleburg

State

FL

Zip Code

32068

300213767253  
10/28/11--01019--010 \*\*2100.00

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

Montague G. Mack

Date

10/28/11

REGISTERED AGENT MUST SIGN

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
P	Montague G. Mack	2735 Burroughs Rd	Middleburg, FL 32068

8/10/26

10. E-mail Address:

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

Montague G. Mack

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/28/11

Daytime Phone #

(904) 655-7854