

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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

FILED

02 NOV 21 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000090469

1. Corporation Name

R.B. TRANSPORTATION INC.

Principal Place of Business

PMB 440
2614 NORTH TAMiami TRAIL
NAPLES FL 34103

Mailing Address

PMB 440
2614 NORTH TAMiami TRAIL
NAPLES FL 34103



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

4. Date Incorporated or Qualified
To Do Business in Florida

09/14/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3745762

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	BEINEKE, ROBERT	PMB 440, 2614 N. TAMiami TRAIL	NAPLES FL 34103

100009155291
11/21/02--01103--009 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BEINEKE, ROBERT
952 GOODLETTE - FRANK ROAD
NAPLES FL 34102

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

CR2E040 (8/02)

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

Robert Beineke
REGISTERED AGENT MUST SIGN

Date

11-15-02

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)(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:

Robert Beineke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**RB TRANSPORTATION INC
PMB 440
NAPLES, FLORIDA 34103**

November 14, 2002

Fla Dept of State
Division of Corporations
PO Box 6327
Tallahassee, Fla 32314

re: P01000090469
RB Transportation, Inc.

Dear Sir:

I never received the prior uniform business report notice which the State claims they mailed to me. As such, I am requesting that the State of Fla reinstate the above corporation.

I have attacehd a check payable to the State in the amount of \$150.00. Thank you.

Sincerely,



Robert Beineke
President