

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAR 16 AM 9:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P0200026397

1. Corporation Name

Freight Brokers of Florida, Inc.  
3500 Richwood Link  
Sarasota, FL 34235

REINSTATEMENT 03-04

2. Principal Office Address

3500 Richwood Link  
Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.  
Same

City & State

Sarasota, FL

City & State

Zip 34235 Country Sarasota

4. Date Incorporated or Qualified  
To Do Business in Florida

03/07/02

5. FEI Number

03-0410724

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

200029332142  
02/25/04--01006--030 \*\*150.00

7. Name and Address of Current Registered Agent

Name

Charles Keller

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

3500 Richwood Link

Suite, Apt. #, Etc.

City

Sarasota, FL

State

FL

Zip Code

34235

200029332142  
03/16/04--01050--020 \*\*150.00

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

Charles A Keller  
REGISTERED AGENT MUST SIGN

Date 2/18/04

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	Charles Keller	3500 Richwood Link	Sarasota, FL 34235

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

Charles Keller  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/04  
Date

941-342-9514  
Daytime Phone #

CR2E081 (10/02)

**Freight Brokers of Florida, Inc**  
**3500 Richwood Link**  
**Sarasota, Florida 34235**

January 8, 2004

Florida Department of State  
~~Division of Corporations~~  
P O Box 6327  
Tallahassee, FL 32314

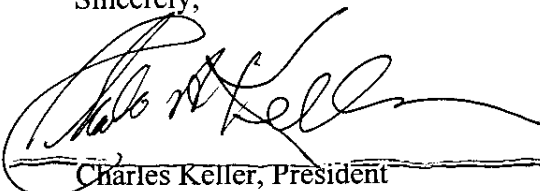
Dear Sir or Madame:

We are requesting a waiver of the reinstatement fees.

During the last quarter of 2002 we relocated our office. Although we eventually did receive the Uniform Business Report, it was after the filing deadline.

We would greatly appreciate your allowance of this request.

Sincerely,



~~Charles Keller, President~~  
~~Freight Brokers of Florida, Inc.~~