

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P02000031283**

**1. Corporation Name**

Marion Unlimited Transportation, Inc.

**2. Principal Office Address**

6013 S.W. 115 St. Road

Suite, Apt. #, etc.

City & State

Ocala, FL

Zip

34476

Country

Marion

**3. Mailing Office Address**

6013 S.W. 115th St. Road

Suite, Apt. #, etc.

City & State

Ocala, FL

Zip

34476

Country

Marion

REINSTATEMENT 03-04

8/6/03 90055 042 \$150.00

300029875733

03/04/04--01031--008 \*\*150.00

**4. Date Incorporated or Qualified**

To Do Business in Florida 03/14/2002

**5. FEI Number**

01-0640034

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

Mohamed Wazeer Ally

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

6013 S.W. 115 St Road

Suite, Apt. #, Etc.

Ocala

City

State

FL

Zip Code

34476

**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

Date

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
Preside	Mohamed Wazeer Ally	202 Marion Oaks Lane	Ocala, FL 34473

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-21-04

CR3E081 (01/04)

Doc # P02000031283

February 19, 2004

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

To Whom It May Concern:

My name is Mohamed Wazeer Ally President of Marion Unlimited Transportation, Inc. I changed Accountants this year and when she went to prepare my Corporate return and checked on the corp. status it was inactive. She called and someone in your office told her it was because I did not sign a paper you had sent to me to sign. I had some major problems with receiving my mail this past year and never got that letter. I then called on 02/19/04 and your office told me to write this letter and send you a check for \$150.00 and you would reinstate the Corporation and waive the \$750.00 fee. Enclosed you will find a Reinstatement Application with our new address. Thank you so much for your help and cooperation..

Mohamed Wazeer Ally  
President  
Marion Unlimited Transportation, Inc.  
202 Marion Oaks Lane  
Ocala, FL 34473