## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## APPLICATION FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P02000048252

1. Corporation Name

PAZDELL TRANSPORT INC.

Principal Place of Business

Mailing Address

3811 TIMBER LAKE RD LAKELAND FL 33810 3811 TIMBER LAKE RD LAKELAND FL 33810 FILED

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SECRETARY OF STATE FALLAHASSEE FLORIDA



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If above a	addresses are incorrect in any way, line t	nrough incorrect i	nformation and enter	correction below.	[		
			ing Office Address, If Applicable		Date Incorporated or Qualified     To Do Business in Florida     05/02/2002		
Suite, Apt. #, etc. Suite, Apt. #			etc.		E EELNI	<del></del>	
3309 Rosewood LN 3309 City & State City & State			Rossurood LN 5		5. FEI Number Applied For		
CAKELAND FIA LAKELAN			ud Fla			Not Applicable	
Zip 338	210 Country POLK	33810	Count		6. CERTIFICATE	S8.75 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)							
Title(s)	tle(s) Name of Officers and/or Directors 3			Street Address of Each Officer and/or Director		City / State / Zip	
PD	PAZDELL, JODY	3811 TIMBER-LAKE RD			LAKELAND FL 33810		
PB	D PAZJEII, JODY 3			wood Lu		LAKELAND 33810	
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7					107227	0024014923 03-01055-023 **150.00	
8. Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent		
5. Hand and Address of Odiffert fregistered Agent				Name			
PAZDELL, JODY							
·				Street Address (P.O. Box Number is Not Acceptable)			
3811 TIMBER LAKE RD LAKELAND FL 33810				Suite, Apt. #, Etc.			
			City State 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 Jodiya Fasikell Date 10-20-03							
		REGISTERED AG	SENT MUST SIGN		<del></del>	3	
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 filling							

1. 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

10-20-03 863-5595083

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Daytime Phone #

## PAZDELL TRANSPORT

3309 Rosewood Lane Lakeland, Fl. 33810 E.I.N. 450475595 (863) 559-5083 Cell (863) 815-8674 fax

October 21, 2003

To whom it may concern,

We at Pazdell Transport have come to realize, when we received a notice of being revoked, that our corporation annual report/ uniform business report had not been filed by our accountant as he has done so in the past. We are unsure as to why, for this was the first notice we had received and our accountant is on vacation until the 7th day of November. There for we have inquired with your office about filing now. As we were told to send in the fee of \$150.00 and the application for reinstatement. We greatly appreciate your help with this matter.

Sincerely,

Jody L. Pandell Jody Pazdell