


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAR -8 PM 12:29

REINSTATEMENT 03-04

500030025865
03/08/04--01050--010 **300.00

DOCUMENT # P02000069307

1. Corporation Name
Seminole Auto Transport Inc.

2. Principal Office Address 3252 NW Federal Highway Suite, Apt. #, etc.	3. Mailing Office Address Same Suite, Apt. #, etc.
City & State Jensen Beach, FL	City & State
Zip 34957	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 6/24/2002

5. FEI Number 27-0018055

Applied For	Not Applicable
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6. CERTIFICATE OF STATUS DESIRED **\$8.75 Additional Fee required for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name
Steven Livshin

Street Address (P.O. Box Number is Not Acceptable)
3252 NW Federal Highway

Suite, Apt. #, Etc.

City Jensen Beach

State FL **Zip Code** 34957

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 *Steven Livshin* **Date** 2-27-04

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/S	John T. Lee	1601 S.E. 8th Ave. #310	Crystal River, FL 34429
VP/T	Steven A. Livshin	3252 N.W. Federal Highway	Jensen Beach, FL 34957

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: *Steven Livshin* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date 2-27-04 **Daytime Phone #** (561) 756-2200

CR2E081 (01/04)



SEMINOLE AUTO TRANSPORT

3252 NW FEDERAL HWY
JENSEN BEACH, FL 34957

PHONE (877) 364-3888
FAX (561) 585-7343

February 27, 2004

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

Re: Corporate Reinstatement

Seminole Auto Transport did not file an annual report because we never received one. Enclosed is a check for \$300.00 for our corporate reinstatement. If you have any questions please call Steven Livshin at (561)756-2200.

Thank You,

Steven Livshin
Vice President
Seminole Auto Transport

