

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 JUN 19 PM 3:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000071408

1. Corporation Name

SUN STATE AUTO CARRIERS, INC.

W07-25109

Principal Place of Business

Mailing Address

15180 SW 13TH PLACE  
SUNRISE FL 33326

15180 SW 13TH PLACE  
SUNRISE FL 33326



REINSTATEMENT 03-06

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Same as above

3. New Mailing Office Address, If Applicable

Same as above

4. Date Incorporated or Qualified  
To Do Business in Florida

06/28/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

38-3653896

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
President	Robert D. Baessel	15180 SW 13TH PL	SUNRISE, FL 33326

800104676628  
06/21/07--01052--002 \*\*1350.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BAESSELL, ROBERT  
15180 SW 13TH PLACE  
SUNRISE FL 33326

Name

Same

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

Suite, Apt. #, Etc.

City

State  
FL

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

Robert D. Baessel

REGISTERED AGENT MUST SIGN

Date 5-14-07

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 D. Baessel - Robert D. Baessel  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(954)  
5-14-07 448-9828

CR12E040 (7/03)