

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

03 OCT 21 AM 10:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000100789

1. Corporation Name

SERVICE FIRST TRANSPORT, INC.

Principal Place of Business

Mailing Address

5615 EAST POWHATAN AVENUE  
SUITE C  
TAMPA FL 33610

5615 EAST POWHATAN AVENUE  
SUITE C  
TAMPA FL 33610

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/18/2002

5. FEI Number

03-0482709

Applied For

Not Applicable

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	Steven Brickner	5615 E. Powhatan Ave Suite C	Tampa, FL 33610

100023963141  
10/21/03--01031--012 \*\*150.00

10/17/03

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BRICKNER, STEVEN  
5615 EAST POWHATAN AVENUE  
SUITE C  
TAMPA FL 33610

Name

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

10/17/03

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/17/03

Daytime Phone #

CR2E040 (7/03)



***5615 E. Powhatan Ave., Suite C, Tampa, FL 33610***

***Toll Free: (888) 45-First (34778)***

***Local: (813) 569-9000***

***Fax: (813) 569-9001***

October 16, 2003

To Whom It May Concern:

This letter is a formal statement that the two prior notices were never received by our company and this is why the "Uniform Business Report" was never applied for. Please waive the reinstatement fee of \$600. Enclosed you will find our application and filing fee of \$150.00.

Sincerely,

A handwritten signature in black ink, appearing to read "S. Brickner", written in a cursive style.

Steven L. Brickner  
President