

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 # **P02000121038**

1. Corporation Name

**W.D. AUTO TRANSPORT, INC.**

Principal Place of Business

8714 SOMERSWORTH PLACE  
TAMPA FL 33634-1029  
US

Mailing Address

8714 SOMERSWORTH PLACE  
TAMPA FL 33634-1029  
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/12/2002

5. FEI Number

13-4221116

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	DIAZ, WILLIAM	8714 SOMERSWORTH PLACE	TAMPA FL 33634

8. Name and Address of Current Registered Agent

DIAZ, WILLIAM  
8714 SOMERSWORTH PLACE  
TAMPA FL 33634-1029

9. Name and Address of New Registered Agent

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

*William Diaz*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

10/31/03

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:

*William Diaz*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/31/03

Daytime Phone #



**REINSTATEMENT** 03

FILED

03 NOV -3 PM 12:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR20040 (7/03)

W.D. Auto Transport, Inc.  
8714 Somersworth Place  
Tampa, Florida 33634

October 29, 2003

Florida Department of State  
Division of Corporations  
Tallahassee, Florida 32302

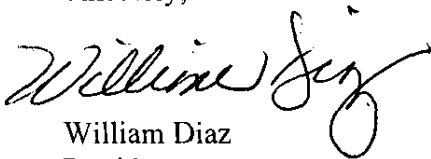
Re: 2003 Uniform Business Report

Dear Sir/Madam:

I write to ask for reinstatement of the above named corporation. It was administratively dissolved for not having provided my FEIN on my uniform business report. After dissolution, I contacted your division and found out that a correction letter was sent to me on March 10, 2003.

The reason the UBR correction was not filed is that I never received this letter. Attached is the reinstatement form. Please reinstate my corporation as soon as possible.

Sincerely,

A handwritten signature in black ink, appearing to read "William Diaz", with a stylized flourish at the end.

William Diaz  
President