

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JAN 11 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01/17/07--01008--015 **1200.00

DOCUMENT #

1. Corporation Name

103000067916
D & S TRANSPORTATION
OF NAPLES INC.

2. Principal Office Address

4000 MINDI AVE

Suite, Apt. #, etc.

3. Mailing Office Address

4000 MINDI AVE

Suite, Apt. #, etc.

City & State

NAPLES FLA.

City & State

NAPLES FLA.

Zip

34112

Country

U.S.

Zip

34112

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

6-19-2003

5. FEI Number

20-0348750

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DARRELL FRANK HILLS

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

4000 MINDI AVE

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34112

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

Darrell Frank Hills

REGISTERED AGENT MUST SIGN

Date 12-8-06

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	DARRELL FRANK HILLS	4000 MINDI AVE	NAPLES FLA. 34112
Vp	PAULETTE MONKEY HILLS	4000 MINDI AVE	NAPLES FLA. 34112
Tres	VINELL HILLS	507 14 th ST. N.	NAPLES FLA. 34102

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 contained in Chapter 119, 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:

Darrell Hills

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-8-06

Date

239-776-4260

Daytime Phone #