

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000048038

1. Corporation Name

EXOTIC TRANSPORT, INC.

2. Principal Office Address - No P.O. Box #

4452-B Lowery Rd.

Suite, Apt. #, etc.

City & State

Milton, FL

Zip

32583

Country

Santa Rosa

3. Mailing Office Address

4452-B Lowery Rd.

Suite, Apt. #, etc.

City & State

Milton, FL

Zip

32583

Country

Santa Rosa

7. Name and Address of Current Registered Agent

Name

Deborah K. Hedges

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

4452-B Lowery Rd.

Suite, Apt. #, Etc.

City

Milton, FL

State

FL

Zip Code

32583

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

Deborah K Hedges
REGISTERED AGENT MUST SIGN

Date

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
DP	Deborah K. Hedges	4452-B Lowery Rd.	Milton, FL 32583
DP	Barry Hedges	4452-B Lowery Rd.	Milton, FL 32583

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:

Deborah K Hedges Deborah K Hedges

Date

Daytime Phone #

FILED
08 SEP 15 PM 1:27
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

200135847252
09/15/08--01036--003 **450.00

REINSTATEMENT 06-08

4. Date Incorporated or Qualified
To Do Business in Florida

03-16-2004

5. FEI Number
75-3147663

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.