

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

15 OCT 20 PM 5:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000063723

1. Corporation Name

AUTOBAHN TRANSPORTATION INC

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

4830 W Kennedy Blvd

Suite, Apt. #, etc.

600

City & State

Tampa FL

Zip

33609

Country

US

3. Mailing Office Address

4830 W Kennedy Blvd

Suite, Apt. #, etc.

600

City & State

Tampa FL

Zip

33609

Country

US

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

04/12/2004

5. FEI Number

86-1114704

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

A.N.A.L TRUST

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

4830 W Kennedy Blvd

Suite, Apt. #, Etc

600

City

TAMPA

State

FL

Zip Code

33609

200278271282
10/20/15--01016--019 **750.00

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

REGISTERED AGENT MUST SIGN

Date 10/19/2015

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
DIR	TRAVIS MCADOO	4830 W Kennedy Blvd STE 600	TAMPA FL 33609
DIR	ASMA HUMIRA	4830 W Kennedy Blvd STE 600	TAMPA FL 33609

10. E-mail Address:

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/2015 9412542729

Date

Daytime Phone #