

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

07 MAR 26 06:11:39
STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000164949

1. Corporation Name

V. Y. Transport, Inc.

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

2347 LOGSDON ST

Suite, Apt. #, etc.

North Port, FL

City & State

34287

Zip

34287

Country

3. Mailing Office Address

2347 LOGSDON ST

Suite, Apt. #, etc.

North Port,

City & State

FL

Zip

34287

Country

REINSTATEMENT 06-07

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/2005

5. FEI Number

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

YARMOLENKO Vasilii

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

2347 LOGSDON STREET

Suite, Apt. #, Etc.

City

North Port

State

FL

Zip Code

34287

☒ 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.

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

Vasilii Yarmolenko

Date 03-17-07

REGISTERED AGENT MUST SIGN

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
PT	YARMOLENKO Vasilii	2347 LOGSDON STREET	North Port, FL 34287
VS	YARMOLENKO Alla	2347 LOGSDON STREET	North Port, FL 34287

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04/16/07--01047--023 **300.00

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:

Alla Yarmolenko Vice President 03-17-07 (941) 426-2074

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #