

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000001814

1. Entity Name  
HUDSON TRANSPORT, INC.



SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 OCT 31 PM 2:53

Principal Place of Business  
6376 MARY LAKE COURT  
TALLAHASSEE, FL 32311 US

Mailing Address  
6376 MARY LAKE COURT  
TALLAHASSEE, FL 32311 US



2. Principal Place of Business  
4618 Forrest Ridge Dr  
Suite, Apt. #, etc.

3. Mailing Address  
P.O. Box 7314  
Suite, Apt. #, etc.

10232006 REIN-P CR2E098 (11/05)

City & State  
TALL FL

City & State  
TALL FL 32314

4. FEI Number  
25-1906968

Applied For  
Not Applicable

Zip  
32309

Country  
US

Zip  
32314

Country  
US

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2007, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE D  
NAME HUDSON, EMANUEL R JR.  
STREET ADDRESS 6376 MARY LAKE COURT  
CITY-ST-ZIP TALLAHASSEE, FL 32311 ☐ Delete

TITLE D  
NAME HUDSON, CARNECIA T  
STREET ADDRESS 6376 MARY LAKE COURT  
CITY-ST-ZIP TALLAHASSEE, FL 32311 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition  
P.O. Box 7314  
TALL FL 32314

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition  
P.O. Box 7314  
TALL FL 32314

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
100081594841  
11/07/06--01055--014 \*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-23-06

Date

850 545-3423

Daytime Phone #