

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED


07 OCT 22 AM 8:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



09262007 REIN-P CR2ED98 (1002) 101

REINSTATEMENT

DOCUMENT # P05000031852					
1. Entity Name LAKE PARK TRANSPORT CORPORATION					
Principal Place of Business 803 13TH STREET LAKE PARK, FL 33403 US			Mailing Address 803 13TH STREET LAKE PARK, FL 33403 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number 20-2428591				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STREET, CAROLYN R 1001 N US HWY #1 SUITE 600 JUPITER, FL 33477			7. Name and Address of New Registered Agent Name ALLAN I. KRUGER, CPA Street Address (P.O. Box Number is Not Acceptable) C/O KRUGER & ASSOCIATES, P.A. 6612 PARKSIDE DRIVE City PARKLAND FL Zip Code 33067		
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 <u>ALLAN I. KRUGER</u> <u>ALLAN I. KRUGER</u> <u>9/26/07</u> 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, 2008, 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TS GADOURY, KATHRYN 803 13TH STREET LAKE PARK, FL 33403	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	000111145680 10/22/07--01068--009 **150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDVP GADOURY, THOMAS 803 13TH STREET LAKE PARK, FL 33403	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Kathryn Gadoury</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>Oct 18, 07</u> Daytime Phone # <u>5618444416</u>		