

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P05000042938

1. Corporation Name

Burton Transportation Services, Inc.

W07-53360

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

430 Forest Park Rd.

3. Mailing Office Address

PO Box 2125

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Oldsmar, FL

City & State

Oldsmar, FL

Zip

34677

Country

US

Zip

34677

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

3/22/05

5. FEI Number

20-2572094

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

DAVID S. BASEY

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

430 FOREST PARK RD.

Suite, Apt. #, Etc.

City

Oldsmar, FL

State

FL

Zip Code

34677

☒ 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

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
P	David S. Basey	430 Forest Park Rd.	Oldsmar, FL 34677
VP	David S. Basey	430 Forest Park Rd.	Oldsmar, FL 34677
S	David S. Basey	430 Forest Park Rd.	Oldsmar, FL 34677
T	David S. Basey	430 Forest Park Rd.	Oldsmar, FL 34677

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID S. BASEY

Date

10/23/07 7276383900

Daytime Phone #

FILED

07 NOV -8 AM 10:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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11/08/07--01061--010 \*\*300.00

REINSTATEMENT

CR2E081 (1/07)

06-07

NAP