

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P05000160432

**FILED**  
**Mar 30, 2010**  
**Secretary of State**

**Entity Name:** TREASURE COAST LOGISTICS TRANSPORTATION, CORP.

**Current Principal Place of Business:**

208 SW NORTH QUICK CIR  
PORT ST LUCIE, FL 34953

**New Principal Place of Business:**

**Current Mailing Address:**

3209 S.W. PORT ST LUCIE BLVD # 144  
PORT ST LUCIE, FL 34953

**New Mailing Address:**

**FEI Number:** 74-3154010

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHAKES, SHANE A  
208 SW NORTH QUICK CIR  
PORT ST LUCIE, FL 34953 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:** SHANE SHAKES

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

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

**Election Campaign Financing Trust Fund Contribution ( )**

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** SHAKES, SHANE A  
**Address:** 208 SW NORTH QUICK CIR  
**City-St-Zip:** PORT ST LUCIE, FL 34953

**Title:** VP  
**Name:** SHAKES, SHANE A  
**Address:** 208 SW NORTH QUICK CIR  
**City-St-Zip:** PORT ST LUCIE, FL 34953

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** SHANE SHAKES

P

03/30/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date