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CORPORATION REINSTATEMENT	Secretary of State DIVISION OF CORPORATIONS			James James Company		
DOCUMENT # PO 60000 24005			10 MAY 17 PM 2: 19			
1. Corporation Name GHost Coast TRANSPORT INC			ALLAHASSEE FLORIDA			
GHOST COAST TRANSPORT FIRE			ALLAHASSEE.FLORIDA			
	WI-21345		700			
2. Principal Office Address - No P.O. Box # 3. Mailing Offi				300177723663 04/26/100106?003 **750.00		
775 DETROIT STREET Suite, Apt. #, etc.	775 0ETRO// c	TROIT STREET		CR2E081 (4/10)		
Зине, лук. #, етс.	Outd, 1 pt n, cto.		4. Date Incorporated or Qualified 7 - 16 - 2006			
City & State	City & State	ON VILLE FLA.			Applied For	
JACKSON VILLE FLARICA	Zin			88756	Not Applicable	
32254 DUVAL	32254	DUVAL	6. CERTIFICATE C		Additional Fee required a Certificate of Status	
7. Name and Address of Current Registered Agent			PROFIT CORPORATIONS ONLY			
MELVIN Lionel Nichols			☐ The \$600.00 reinstatement fee is imposed, except in circumstances which the entity did			
Street Address (P.O. Box Number is Not Acceptable)			not receive the prior notices. By checking			
775 DETROIT STREET Suite, Apt. #, Etc.				this box, you are certifying the prior notices were not received and requesting		
City State Zip Code			the reinstatement fee be waived. 3001 r r r 23663			
TACKSONU !!		FL 32254			**308.75	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the ob Signature of Registered Agent REGISTERED AGENT MUST SIGN				Date <u>4-23-2010</u>		
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		
DIR MELUIN L. NICH		775 DETROIT STREET		JACKSONUILLE JACKSONUILLE	FLA.32254	
PRES. MELVIN L. Nich	ETROIT STREE	ET	TACKSONVIllé,	Fla. 32254		
				·		
		REINSTATEMENT 10				
		(8)				
				M. MILLIGAN EXAMINER		
10. E-mail Address: TAX GTR MANAGMAIL, Com						
(To be used for future annual report notification) MAY (, ,); 11 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. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect						
signature: Malum V. Michall MELVINL. Nichals 4-23-2010 904-122-6280						
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #						