

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06000082748

1. Corporation Name

R. E. G. Transport Inc

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

3447 Allegra Circle

Suite, Apt. #, etc.

City & State

Saint Cloud FL

Zip

34772

Country

Osceola

3. Mailing Office Address

3447 Allegra Circle

Suite, Apt. #, etc.

City & State

Saint Cloud FL

Zip

34772

Country

Osceola

7. Name and Address of Current Registered Agent

Name

Reginald G Griffin

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

3447 Allegra Circle

Suite, Apt. #, Etc.

City

Saint Cloud

State

FL

Zip Code

34772

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 **6/4/09**

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	Reginald Griffin	3447 Allegra Circle	Saint Cloud FL 34772
VP	Erica Griffin	3447 Allegra Circle	Saint Cloud FL 34772

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

Reginald Griffin

6/4/09

Date

443-898-2457

Daytime Phone #

FILED

09 JUN -9 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700156945017
06/09/09--01029--012 **458.75

REINSTATEMENT

07-09

4. Date Incorporated or Qualified
To Do Business in Florida **6/16/06**

5. FEI Number
16-16767632

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

☒ 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.