

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 NOV 19 PM 3:55

DOCUMENT # **P07000036932**

1. Corporation Name

**LONGEVITY TRANSPORTATION,
INCORPORATED**

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

1709 KATHLEEN AVE

Suite, Apt. #, etc.

3. Mailing Office Address

1709 KATHLEEN AVE

Suite, Apt. #, etc.

City & State

CANTONMENT, Florida

City & State

CANTONMENT, Florida

Zip

32533

Country

ESCAMBIA

Zip

32533

Country

ESCAMBIA

REINSTATEMENT **08-09**

4. Date Incorporated or Qualified
To Do Business in Florida

22 March 2007

5. FEI Number

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

KENNETH LONG

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

1709 KATHLEEN AVE

Suite, Apt. #, Etc.

City

CANTONMENT

State

FL

Zip Code

32533

☒ 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

Kenneth Long

REGISTERED AGENT MUST SIGN

Date **16 Nov 2009**

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
D	KENNETH LONG SR	1709 KATHLEEN AVE	CANTONMENT FLA 32533
D	CHRISTAL LEWIS	220 SOUTHWEST 44TH STREET	GAINESVILLE FLA 32641
D	CONSTANCE V LONG	1360 NORTHEAST 31ST AVE	GAINESVILLE FLA 32609
D	MEPPIE LONG	1360 NORTHEAST 31ST AVE	GAINESVILLE FLA 32609
D	SPENCER LONG SR	1360 NORTHEAST 31ST AVE	GAINESVILLE FLA 32609

10. E-mail Address: **LONGEVITY@AOL.COM**

(To be used for future annual report notification)

11. 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. I further certify, the information located on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Kenneth Long

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

16 Nov 2009 850-291-9998

Date

Daytime Phone #