

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

13 MAY 31 AM 4:34

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT #

1. Corporation Name

PD8000013715

Runner Transportation, Inc

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

55 Fordham Ln

3. Mailing Office Address

Sam

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALM COAST, FL 32137

City & State

Zip

Country

Zip

Country

32137

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

02/06/2008

5. FEI Number

72-1427741

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

Dmitri BALIMANOV

~~Runner Transportation, Inc~~

Street Address (P.O. Box Number, Not Applicable)

55 Fordham Ln

Suite, Apt. #, Etc

City

PALM COAST

State

FL

Zip Code

32137

100248460561
06/03/13--01001--016 **1200.00

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

D Balimanova

Date

05/31/2013

REGISTERED AGENT MUST SIGN

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
President	Dmitri Balimakov	55 Fordham Ln	PALM COAST, FL
VP	Yuliya Balimakov	55 Fordham Ln	PALM COAST, FL

10. E-mail Address:

balimov@adl.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., and 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 as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

D Balimanova

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

245/31/12