

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 JUN 24 AM 10:16

DOCUMENT # **P08000042151**

1. Corporation Name

HOGAN TRANSPORT, INC.

600157694456
06/24/09--01031--013 **150.00

CR2E081 (12/08)

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

SAME

3. Mailing Office Address

2091 MEADOWLARK RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SPRING HILL, FL.

Zip

Country

Zip

Country

34608

USA

4. Date Incorporated or Qualified
To Do Business in Florida

4/25/2008

5. FEI Number

36-2495199

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

EDWARD B. HOGAN

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

2091 MEADOWLARK RD

Suite, Apt. #, Etc.

City

SPRING HILL

State

FL

Zip Code

34608

☒ 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

Edward B. Hogan

Date **6-22-09**

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
CEO	EDWARD B. HOGAN	2091 MEADOWLARK RD.	SPRING HILL, FL 34608
SIT	DARLENA A. HOGAN	2091 MEADOWLARK RD	SPRING HILL, FL 34608

PA. AR 7/2/09

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:

Edward B. Hogan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-22-09 352-686-0413

Date

Daytime Phone #