

# **2009 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P08000097792

Entity Name: 48 STATES AUTO TRANSPORT, INC

**FILED**  
**Oct 13, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

204 NW 4TH STREET  
CAPE CORAL, FL 33993 US

**New Principal Place of Business:**

**Current Mailing Address:**

204 NW 4TH STREET  
CAPE CORAL, FL 33993 US

**New Mailing Address:**

FEI Number: 26-3633989

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TRUCK & CARRIER SERVICES, LLC  
4632 STARFISH AVENUE  
SEBRING, FL 33870 US

**Name and Address of New Registered Agent:**

YESLENY LOPEZ  
204 NW 4 ST  
CAPE CORAL, FL 33993 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: YESLENY LOPEZ

10/13/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LOPEZ, YESLENY  
Address: 204 NW 4TH STREET  
City-St-Zip: CAPE CORAL, FL 33993 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: YESLENY LOPEZ

P

10/13/2009

Electronic Signature of Signing Officer or Director

Date