

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

15 DEC 31 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P09000084410**

1. Corporation Name

DANDEE TRANSPORT INCORPORATED

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

2347 WILMONT AVE.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FLORIDA

Zip

32218

Country

DUVAL

3. Mailing Office Address

2347 WILMONT AVE.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FLORIDA

Zip

32218

Country

DUVAL

4. Date Incorporated or Qualified
To Do Business in Florida

10/12/2009

5. FEI Number

27-1108519

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

ROBERT L. KELLEY SR.

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

2347 WILMONT AVE.

Suite, Apt. #, Etc.

JAC

City

JACKSONVILLE

State

FL

Zip Code

32218

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

Robert L. Kelley Sr.

REGISTERED AGENT MUST SIGN

Date **12/30/2015**

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	ROBERT L. KELLEY SR.	2347 WILMONT AVE.	JACKSONVILLE, FLORIDA 32218
VP	PATRICIA D. KELLEY	2347 WILMONT AVE.	JACKSONVILLE, FLORIDA 32218
T	WILLIAM S. KELLEY	2347 WILMONT AVE.	JACKSONVILLE, FLORIDA 32218

REINSTATEMENT

DEC 31 2015

R HUNT

10. E-mail Address: **Pywacket1947@ATT.NET**

(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:

Robert L. Kelley Sr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/30/2015 **904-751-6437**

Date

Daytime Phone #