

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 OCT 12 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P10000000184

1. Corporation Name

SHEPARD TRANSPORTATION INC.

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

5401 S.W. 160 AVE.

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

SOUTH WEST RANCHES - FLA.

City & State

SAME

Zip

33331

Country

BROWARD

Zip

33331

Country

BROWARD

REINSTATEMENT

CR2E081 (11/10) 10-11

4. Date Incorporated or Qualified
To Do Business in Florida

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

SHEPARD ROBERT J.

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

5401 S.W. 160 AVENUE

Suite, Apt. #, Etc.

City

SOUTH WEST RANCHES - FL.

State

FL

Zip Code

33331

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10/12/11--01023--002 **900.00

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

Robert J. Shepard
REGISTERED AGENT MUST SIGN

Date 10-12-11

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
<u>P</u>	<u>ROBERT J. SHEPARD</u>	<u>5401 S.W. 160 AVE.</u>	<u>S.W. RANCHES, FLA.</u> <u>33331</u>

10. E-mail Address:

(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 J. Shepard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-12-11

Daytime Phone #

10/12/11