

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

att to
Tyrony esoff

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P10000056405

1. Corporation Name

Gio's transportation inc.

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

4081 San Marino Blvd

Suite, Apt. #, etc.

102

City & State

W. Palm beach, FL

Zip

33409

Country

Palm beach

3. Mailing Office Address

4081 San Marino Blvd

Suite, Apt. #, etc.

102

City & State

W. Palm beach, FL

Zip

33409

Country

Palm beach

7. Name and Address of Current Registered Agent

Name

Carrier Services of Florida

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

1357 E Lafayette St

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/31/11

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
P.	George Foranashuk	4081 San Marino Blvd 102	W. Palm beach FL 33409
V.P.	Gary Patlak	1980 Ocean DR	Hollandale FL 33009

REINSTATEMENT 11/3/11

10. E-mail Address: Giostransport@gmail.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. 617.155, F.S.

SIGNATURE:

[Signature] George Foranashuk

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/31/11

Daytime Phone #

300214373783
11/16/11--01022--025 **\$600.00
11/16/11--01022--025 **\$600.00

CR2R081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

09/23/11

5. FEI Number

27-3126634

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

300214373783
11/16/11--01022--026 **\$150.00

300214373783
11/16/11--01022--027 **\$8.75