PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2021 NOV -8 PM 3:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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11/08/21--01007--012 **1350.00

DOCUMENT # P12000050483

Corporation Name

Praise Transport, Inc.

CR2E081 (11/10)

Principal Office Address - No P.O. Box #	3. Mailing Office Address
915 Cody Road	Same
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: Babson Park, FL	City & State: Babson Park, FL
Zip: 33827 Country: Polk	Zip: 33827 Country: Polk

4. Date Incorporated or Qualified To Do Business in Florida: 06/01/2012

5. FEI Number: 45-5545403 ☐ 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: Johnny L Goosby

Street Address (P.O. Box Number is Not Acceptable): 915 Cody Rd.

Suite, Apt. #, Etc.

City: Babson Park State: FL Zip Code: 33827

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: Johnny L. Goosby Date: 11/08/2021
REGISTERED AGENT MUST SIGN

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
	Johnny Goosby	915 Cody Road	Babson Park, FL 33827
P	Cassandra Goosby	915 Cody Rd.	Babson Park, FL 33827

C. BRUMBLEY
NOV -8 2021

E-mail Address: Praisetransport.fl@gmail.com
(To be used for future annual report notification)

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 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: Johnny L. Goosby 11/08/2021 863-557-5387
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #