

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P23659

1. Corporation Name

CSX INTERMODAL, INC.

Principal Place of Business

Mailing Address

301 W. BAY STREET  
JACKSONVILLE FL 32202

301 W. BAY STREET  
JACKSONVILLE FL 32202

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable  
2 North Charles Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
Suite 1300

City & State

City & State

Baltimore, MD

Zip

Country

21201

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

03/30/1989

5. FEI Number

22-2325849

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

SEE ATTACHED

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	GOODWIN, PAUL	901 E. CARY STREET	RICHMOND VA
D	CARPENTER, A.R.	500 WATER STREET	JACKSONVILLE FL 32202
AS	HARVEY, BRENDA K	<del>100 NORTH CHARLES STREET</del> 2 North Charles St., Ste 1300	BALTIMORE MD 21201
AS	GEIERSBACH, RACHEL E	901 E. CARY STREET	RICHMOND VA
V	CHAUDHURI, ASOK K	301 W. BAY STREET	JACKSONVILLE FL 32202
V	TURNER, FRANK K Michael G. Peterson	301 WEST BAY STREET	JACKSONVILLE FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

Name

REINSTATEMENT

Suite, Apt. #, Etc.

City

State / Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent Wicky Goldstein Vicky Goldstein  
REGISTERED AGENT MUST SIGN

Date

12/18/98

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Brenda K. Harvey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/16/98

Date

(410) 613-6307

Daytime Phone #