

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 # **P38524**

1. Corporation Name

**FULMER TRANSPORT, INC.**

96 DEC 30 AM 9:31

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**FILED**



**REINSTATEMENT**

96ao

Principal Place of Business

8831 S. ORANGE AVE.  
ORLANDO FL 32824  
US

Mailing Address

P. O. BOX 620397  
ORLANDO FL 32862-0397  
US

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

4. Date Incorporated or Qualified  
To Do Business in Florida

04/22/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3113664

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
CPT	FULMER, CASSANDRA	3235 MILTON LANE	ORLANDO FL
DVS	FULMER, MARGARET	1141 WINDSONG DRIVE	ORLANDO FL
D	CAREY, MARLENE	724 COQUINA COURT	ORLANDO FL

508002046025-4  
-01/03/97-01179-022  
\*\*\*\*375.00 \*\*\*\*375.00

8. Name and Address of Current Registered Agent

FULMER, MACK  
1141 WINDSONG DR.  
ORLANDO FL 32809

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

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

*Marlene Carey Mack Lem*  
REGISTERED AGENT MUST SIGN

Date

12/21/96

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

*Marlene Carey Mack Lem* 12/21/96 859-4114  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #