

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

01 JUL -3 PM 2:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000011135**

1. Corporation Name

**FOUR WAY FREIGHT, INC.**

2. Principal Office Address

**4715 NW 36TH AVE**

Suite, Apt. #, etc.

3. Mailing Office Address

**P.O. Box 131**

Suite, Apt. #, etc.

City & State

**MIAMI, FLORIDA**

City & State

**CLAYSVILLE, PA.**

Zip

**33142**

Country

**USA**

Zip

**15323**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**12/10/92**

5. FEI Number

**65-0372706**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**1998-2001 UBR**

7. Name and Address of Current Registered Agent

Name

**Donald A Kelley**

**000004495500**

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

**4715 NW 36TH AVE**

**07/25/01-01062-001**

**\*\*\*\*600.00**

**\*\*\*\*600.00**

Suite, Apt. #, Etc.

City

**Miami**

State  
**FL**

Zip Code

**33142**

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

**REGISTERED AGENT MUST SIGN**

Date **6/25/01**

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
<b>CEO</b>	<b>JOHN N. VICTORIA</b>	<b>340 OLD SCALES RD.</b>	<b>WASHINGTON, PA 15301</b>
<b>SEC.</b>	<b>LESLEY A. VICTORIA</b>	<b>340 OLD SCALES RD.</b>	<b>WASHINGTON, PA 15301</b>
		<b>101.25-AR</b>	
		<b>10.100-ARARTS</b>	
		<b>88.75-ARsupp</b>	
		<b>400.00-GR</b>	

10. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**724-228-6680**

CR2E081 (9/00)

282

**FOUR WAY FREIGHT, INC.**

**4715 NW 36<sup>TH</sup> AVENUE**

**MIAMI, FLORIDA 33142**

**PHONE# 305-635-2166**

**FAX# 305-635-2180**

*June 19-, 2001*

*To Whom It May Concern,*

*Enclosed is a re-instatement form for Four Waay Freight, Inc. This company was administratively dissolved due to an address change in which the form was sent out to us and returned to you. We are enclosing a check for \$600.00 for the re-in statement process. As noted , we have changed our mailing address to our corporate office in Pennsylvania. All correspondence should be sent to the mailing address on the enclosed form.*

*If you have any questions regarding this matter please call me at 724-228-6680,*

*Thank-You,*

*John N. Victoria*