

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 APR 30 PM 6:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000029694

1. Corporation Name

NATIONWIDE AUTO TRANSPORT, INC.

2. Principal Office Address

5515 Southwyck Blvd.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite 205

City & State

Toledo, OH

Suite, Apt. #, etc.

City & State

Zip

43614

Country

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

4/22/1995

5. FEI Number

65-0405905

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

RAX CO.

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

c/o Barbara C. Johnston

Suite, Apt. #, Etc.

50 North Laura Street, Suite 3300

City

Jacksonville

State

FL

Zip Code

32202

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

Barbara C. Johnston

Barbara C. Johnston, VP

Date 4/24/01

REGISTERED AGENT MUST SIGN

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
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100004242361--5

-05/17/01-01076--008

***900.00 ***900.00

Jacksonville, FL 32209

P/S/D	Harold A. Shafer	5912 New Kings Road
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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:

Harold A. Shafer Harold A. Shafer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

04/24/01 904-766-9400

Daytime Phone #

CR2E081 (9/00)