

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 NOV 20 PM 3:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000019535

**1. Corporation Name**

Reliable Transportation Service, Inc.

**2. Principal Office Address**

1994 Golfview Dr.

Suite, Apt. #, etc.

City & State

Dunedin, FL

Zip

34698

Country

**3. Mailing Office Address**

1994 Golfview Dr.

Suite, Apt. #, etc.

City & State

Dunedin, FL

Zip

34698

Country

REINSTATEMENT 03

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

03/09/1994

**5. FEI Number**

593231135

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

Mark C. Serra

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

600 ByPass Drive

Suite, Apt. #, Etc.

Ste #109

City

Clearwater

State

FL

Zip Code

33764

600024856746

11/19/03--01042--021 \*\*150.00

600024856746

11/19/03--01042--020 \*\*8.75

**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

*Mark C. Serra*

REGISTERED AGENT MUST SIGN

Date 11/15/03

**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
PST	Lynn M. Watkins	1994 Golfview Dr.	Dunedin, FL 34698

**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:

*Lynn M. Watkins*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/15/03

Date

727-724-0180

Daytime Phone #

CR2E081 (10/02)

**Lynn M. Watkins**

President  
Reliable Transportation Service, Inc.  
1994 Golfview Dr.  
Dunedin, Florida 34698

November 17, 2003

RE: Administration Dissolution

AIRMAIL

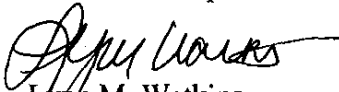
Department of State, Division of Corporations  
Reinstatements  
409 E. Gaines Street  
Tallahassee, Florida 32399

Dear Sirs:

I have just become aware that the corporation above, Reliable Transportation Services, Inc., for which I am President, Secretary and Treasurer has been administratively dissolved. This was an error due to not having receive the annual report form. Please note that the address that is posted is incorrect, the correct address is "Golfview" and not Gulf View. Also, the correct former registered agent is not Laura Watkins, but rather "Lynn" Watkins. I have included the reinstatement form and agent change form with a check for the reinstatement in the amount of \$150.00. Thank you for your time and your consideration in this matter.

Sincerely,

Reliable Transportation Service

  
Lynn M. Watkins  
President

Encl. Check #4542  
Reinstatement Form