

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 DEC 30 AM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000059367

1. Corporation Name

Bullet Transport Services, Inc.

2. Principal Office Address

18161 SW 84 Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Zip

33157

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/11/94

5. FEI Number

65-0513108

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 Schofield

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

18161 SW 84 Ave

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33157

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 Schofield
REGISTERED AGENT MUST SIGN

Date 12/28/04

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
P/D	MARK Schofield	18161 SW 84 Ave.	Miami, FL 33157

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:

Mark Schofield
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/28/04 305-525-2080
Date Daytime Phone #

CR2E081 (01/04)

SOUTHWEST ACCOUNTING CENTER, INC.

P.O.Box 971577
Miami, FL 33197-1577

Phone 305-255-2511

Fax: 305-255-7313

VIA: EXPRESS MAIL

December 28, 2004

Department of State
Division of Corporations
409 East Gaines St
Tallahassee, FL 32399


Gentlemen:

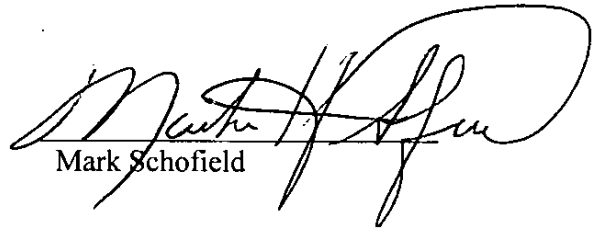
Enclosed please the Corporate Reinstatement Form and a check in the amount of \$2100.00. My client is sending in the complete amount, but feels he does not owe the penalty amount, as he never received the UBR report. Since he has never had a corporation he did not know this had to be done yearly. By chance he found out his corporation had been dissolved. Neither my client or I, received any notification of the dissolved action. As you can see we both moved in 1995. For this reason we are asking for an abatement of the penalty.

Thank you in advance for your attention in this matter.

Sincerely,

SOUTHWEST ACCOUNTING CENTER, INC.


Regina Lloret
President


Mark Schofield