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UBR

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JUN -6 PM 12:52

DOCUMENT # P95000012889

1. Corporation Name

SOUTH FLORIDA TRANSPORTATION DIVISION INC.

2. Principal Office Address

300 N. KROME AVE

Suite, Apt. #, etc.

BLDG 12 OFFICE X

City & State

FLORIDA CITY FL 33034

Zip

Country

3. Mailing Office Address

PO. Box 343454

Suite, Apt. #, etc.

City & State

FLORIDA CITY FL 33034

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

2-15-95

5. FEI Number

65-0557352

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

DANNY WHITLEY

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

300 N. KROME AVE

Suite, Apt. #, Etc.

BLDG 12 OFFICE - X

City

FLORIDA CITY

State

FL

Zip Code

33034

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

Danny Whitley

REGISTERED AGENT MUST SIGN

Date 6-6-02

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.S.T	DANNY WHITLEY	300 N. KROME AVE BLDG 12 - OFF X	FLORIDA CITY FL 33034

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:

Danny Whitley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-6-02

Date

365-

Daytime Phone #

CR2081 (9/01)