

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
James H. Harris
Secretary of State
BUREAU OF CORPORATIONS

FILED

01 OCT 15 PH 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000046334

1. Corporation Name

FLORIDA FLEET DRIVERS INC.

Principal Place of Business

Mailing Address

4414 N. CORTEZ AVENUE
TAMPA FL 33614

P O BOX 271344
TAMPA FL 33688
US



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

06/09/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3294299

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
V	NORTHUP, MARCELLA	4505 NEW DAWN CT.	TAMPA FL 33612 Remove
V	NORTHUP, MICHELE	11312 ORANGE GR. DR.	TAMPA FL 33618
XP	NORTHUP, BARBARA	11312 ORANGE GR. DR.	TAMPA FL 33618
V	MELANIE NORTHUP	11312 ORANGE GROVE DR.	TAMPA FL 33618
			700004657807--9 -10/29/01--01083--014 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NORTHUP, BARBARA
4414 NORTH CORTEZ AVENUE
TAMPA FL 33614

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-12-01

11. 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-12-01

Date

Daytime Phone #

CR2040 (8/01)

2012

Florida Fleet Drivers, Inc.
P.O. Box 271344
Tampa, Florida 33688
(813) 872-8806 Fax: (813) 876-4206

Department of State
Division of Corporations

October 12, 2001

To whom it may concern,

We received your administrative dissolution of our corporation, Florida Fleet Drivers, Inc.(Document #P95000046334). Upon checking our records, we show we wrote a check to the Department of State Division of Corporation on 2/26/01, with check # 9894, for \$150.00. We went back through our bank records and saw that the check still has not cleared. Today we spoke to a representative at your office and we were directed to resend the check for \$150.00 with the form. Please send us a reinstatement notification when this matter is cleared. If you have any questions or comments please feel free to contact us at one of the above means.

Sincerely,



Barbara Northrup
Florida Fleet Drivers, Inc.
Registered Agent