

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
02 SEP 12 AM 10:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Corporation Name

Southern Transportation Investments, Inc.

895000081742

300007834203--4  
-09/18/02--01067--029  
\*\*\*1058.75 \*\*\*1058.75

**REINSTATEMENT** 00-02

2. Principal Office Address

9802 Compass Point Way

3. Mailing Office Address

9802 Compass Point Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33615

Country

USA

Zip

33615

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

593347713

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

George K. Rucker

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

9802  
9802 Compass Point Way

Suite, Apt. #, Etc.

City

Tampa

State  
FL

Zip Code

33615

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

*George K. Rucker*

REGISTERED AGENT MUST SIGN

Date

9/10/02

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, D	George K. Rucker	9802 Compass Point Way	Tampa, FL 33615

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:

*George K. Rucker*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/10/02

Daytime Phone #

813-310-4987

CR2E081 (9/01)