

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Page 1 of 2

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000098025

1. Corporation Name

IN TRANSIT, INC.

Principal Place of Business

2526 ALBANY DR
KISSIMMEE FL 34758
US

Mailing Address

2526 ALBANY DR
KISSIMMEE FL 34758
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

12/29/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3351343

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
P	HAWKSWORTH, ALAN	2526 ALBANY DR	KISSIMMEE FL 34758

02 UBR

600008940916
11/12/02-01109-018 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HAWDSWORTH, ALAN
2526 ALBANY DR.
KISSIMMEE FL 34758

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ALAN HAWKSWORTH

Date

Daytime Phone #

CR2E040 (8/02)

E.S.V.

Payor
2457 Ravendale Ct.
Kissimmee, FL 34758 • USA
Tel. & Fax 407/933-5242

Maintenance


11/02/02

Dear Sir/Madam

This is to state that prior UBR notices were not received for In Transit Inc dba ESV Maintenance.

I therefore enclose said form UBR along with a check for \$150.

Thank You


Alan Hawksworth