

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 31 PM 12:31

SECURITY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000098025**

1. Corporation Name

IN TRANSIT, INC.

Principal Place of Business

Mailing Address

2526 ALBANY DR
KISSIMMEE FL 34758
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

23

1. State Incorporated or Qualified
To Do Business in Florida

12/29/1995

5. FEI Number

59-3351343

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	HAWKSWORTH, ALAN	2526 ALBANY DR	KISSIMMEE FL 34758

100024329781
10/31/03--01028--006 **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

REGISTERED AGENT MUST SIGN

Date

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)(l), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alan Hawksworth

Date

Daytime Phone #

CR2E040 (7/03)

IN TRANSIT INC.

2526 ALBANY DRIVE
KISSIMEE, FL 34758

PHONE/FAX: 407 933 5242

Division Of Corporations
Annual Report/Reinstatement
PO Box 6327
Tallahassee FL 32314

FEI: 59-3351343

10/18/03

Dear Sir/Madam

We do not have any records of receiving any prior notices for the UBR.
I have enclosed a check for the filing fee.
Thank you for your time.

Yours truly



Alan Hawksworth

THANK YOU

THANK YOU FOR YOUR TIME
I HAVE ENCLOSED A CHECK FOR THE FILING FEE
WE DO NOT HAVE ANY RECORDS OF RECEIVING ANY PRIOR NOTICES FOR THE UBR

THANK YOU