

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 NOV 15 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000005899

1. Corporation Name

ACJ transport INC.

2. Principal Office Address

210 Punta Alta Ct.

Suite, Apt. #, etc.

City & State

Lehigh Acres FL

Zip 33936

Country

Lee

3. Mailing Office Address

210 Punta Alta Ct.

Suite, Apt. #, etc.

City & State

Lehigh Acres FL

Zip

33936

Country

Lee

REINSTATEMENT 04-05

CR2E081 (8/05)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0642008

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

Anthony Hopwood

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

210 Punta Alta Court

Suite, Apt. #, Etc.

City

Lehigh Acres

State

FL

Zip Code

33936

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

11-8-05

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	Anthony Hopwood	210 Punta Alta Ct. B.	Lehigh Acres FL 33936
		<i>[Signature]</i>	

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

Date

11-8-05

Daytime Phone #

239-368-2836

FROM:

ANTHONY HOPWOOD
5110 5TH STREET WEST
LEHIGH ACRES, FL 33971
TEL: (239) 707-0784

TO:

FL DEPT. OF STATE – DIV. OF CORP.
P.O.BOX 6327
TALLAHASSEE, FL 32314
TEL: (850) 245-6059

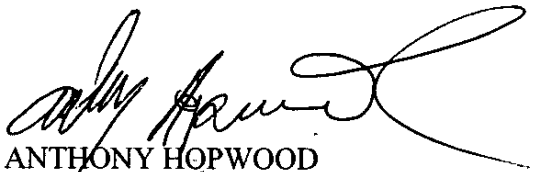
DATE: 10/31/05

RE: ACJ TRANSPORT, INC.
DOCUMENT #: P96000005899

TO WHOM IT MAY CONCERN:

THIS LETTER IS TO NOTIFY YOU THAT I, ANTHONY HOPWOOD HAVE NOT RECEIVED THE 2004 PRIOR NOTICE NOR THE SECOND NOTICE TO REINSTATE OR TO FILE MY ANNUAL REPORT, PLEASE WAIVE THE FEE AS I HAVE NOT RECEIVED THESE NOTICES. THANK YOU FOR YOUR ATTENTION TO THIS MATTER, IF YOU SHOULD HAVE ANY QUESTIONS PLEASE FEEL FREE TO CONTACT ME AT THE ADDRESS OR NUMBER ABOVE.

SINCERELY,

A handwritten signature in black ink, appearing to read 'Anthony Hopwood', is written over the printed name and title.

ANTHONY HOPWOOD
OWNER