

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Moynihan  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

98 MAR 16 PM 2:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000026581

1. Corporation Name

RC TRANSIT, INC.

Principal Place of Business

Mailing Address

4468 DIOR ROAD  
SPRING HILL FL 34809

4468 DIOR ROAD  
SPRING HILL FL 34809

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

4. Date Incorporated or Qualified  
To Do Business in Florida

03/20/1996

5. FEI Number

59-3382627

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
D	CARRIER, REGINA	4468 DIOR ROAD	SPRING HILL FL 34809

600002462576--0  
-03/19/98--01109--021  
\*\*\*\*900.00 \*\*\*\*900.00

REINSTATEMENT 97-98

A. Alan  
3/16/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CARRIER, REGINA  
4468 DIOR ROAD  
SPRING HILL FL 34809

Name

REGINA CARRIER

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

4468 DIOR RD

Suite, Apt. #, Etc.

SPRING HILL

City

FL

State  
FL

Zip Code

34609

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.

Signature of  
Registered Agent

Regina Carrier

REGISTERED AGENT MUST SIGN

Date

12/26/97

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information  
on Intangible tax.)

12. 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:

Regina Carrier

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/26/97 352-666-1504

CR2040 (8/97)