

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
SECRETARY OF STATE
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1998 APR -7 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000041704

1. Corporation Name

STAGECOACH TRANSPORTATION, INC.

Principal Place of Business

~~407 E. NEW HAVEN AVE.~~
~~MELBOURNE FL 32901~~
9005 ESGUERRA CT
ORLANDO, FL 32836

Mailing Address

~~407 E. NEW HAVEN AVE.~~
~~MELBOURNE FL 32901~~
9005 ESGUERRA CT
ORLANDO, FL 32836

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

9005 ESGUERRA CT

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

9005 ESGUERRA CT

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip
32836

Country
US

City & State

ORLANDO, FL

Zip
32836

Country
US

4. Date Incorporated or Qualified To Do Business in Florida

05/15/1996

5. FEI Number

59-3374786

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	PELLINO, EMIL S	407 E. NEW HAVEN AVE.	MELBOURNE FL 32901
P	PELLINO, ELEANOR	7868 SUGAR VIEW CI	ORLANDO, FL 32819
T	PELLINO, EMIL S.	9005 ESGUERRA CT	ORLANDO, FL 32836
			400002402954-- 7
			-04/08/98--01086--023
			****350.00 ****350.00

8. Name and Address of Current Registered Agent

PELLINO, EMIL S
407 E. NEW HAVEN AVE.
MELBOURNE FL 32901

9. Name and Address of New Registered Agent

Name **Emil S PELLINO**
 Street Address (P.O. Box Number is Not Acceptable)
9005 ESGUERRA CT
 Suite, Apt. #, Etc.
 City **ORLANDO** State **FL** Zip Code **32836**

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.

Signature of Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date **2/24/98**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

2/24/98

Date

876-8503

Daytime Phone #

CR20040 (8/97)

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STAGECOACH TRANSPORTATION INC.

February 24, 1998

Sandra B. Mortham
Secretary of State
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Dear Secretary,

As per my February 23, 1998 conversation with Leslie at the Department of Corporations I am enclosing this letter and applicable fees that she stated I submit. I have never received any paperwork regarding any filing or cancellation of my corporation. All of my paperwork was forwarded to an accountant who has since been terminated. I have just received my application for reinstatement which I understand was sent out in October of 1997. I am changing the address on my reinstatement application so that all further correspondence will come directly to the corporation.

Sincerely,



Emil S. Pellino
Treasurer