

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

①

APPLICATION  
1997 FOR AR



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

APPROVED  
AND  
FILED

1997 OCT 31 PM 2:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000064758

1. Corporation Name

ONE STOP FREIGHT MANAGEMENT, INC.

Principal Place of Business

1912 SOUTH UNIVERSITY DRIVE, #120  
DAVIE FL 33325

Mailing Address

1912 SOUTH UNIVERSITY DRIVE, #120  
DAVIE FL 33325



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

08/02/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

☒ 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PSTD	BEAVERS, DANA	1912 SOUTH UNIVERSITY DRIVE, #12	DAVIE FL 33325
	BEAVERS, DANA		600002349496--0 -11/17/97--01144--007 ****165.00 ****165.00
			SCC 10-31-97

8. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

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.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

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:

*Dana L Be*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/27/97 680 2252

CR2040 (8/97)

# ONE STOP FREIGHT MANAGEMENT

October 28, 1997

Florida Department Of State  
Division of Corporations  
PO BOX 6327  
Tallahassee, Florida 32314  
Attn: Reinstatement Section

Dear Reinstatement Section,

I received in the mail the Notice of administrative dissolution or revocation have called and they said I should have received an annual report . We never received this report. I am enclosing the reinstatement form and money in the amount of 165.00. This will reinstate our corporation. If you have any questions please contact myself at 954-680-2252.

Thank you for your attention on this matter.

Sincerely,

Dana Beavers