

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000032215

1. Corporation Name

EGGS TRANSPORT, INC.

Principal Place of Business

Mailing Address

617 WHITEHEAD STREET
Key West, FL 33040

617 WHITEHEAD STREET
Key West, FL 33040

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

2. New Principal Office Address, If Applicable

328 ELIZABETH STREET
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

328 ELIZABETH STREET
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

4/9/97

5. FEI Number

65-0800788

Applied For

Not Applicable

City & State

Key West, FL

City & State

Key West, FL

Zip
33040

Country
USA

Zip
33040

Country
USA

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
PRES.	ROBERT E. L. EGGERS	328 ELIZABETH STREET	Key West, FL 33040

8000002734528--1
-01/08/99-01058-003
***750.00 ***750.00

8/1/6

8. Name and Address of Current Registered Agent

ROBERT B. GOLDMAN
617 WHITEHEAD STREET
Key West, FL 33040

9. Name and Address of New Registered Agent

Name PAUL S. MILLS
Street Address (P.O. Box Number is Not Acceptable)
6200 2nd STREET
Suite, Apt. #, Etc.

City Key West

State FL Zip Code 33040

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

Paul S. Mills, C.P.A.

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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-294-0190

APPROVED
AND
FILED

99 JAN -5 PM 3:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 98

CR2040 (199)