

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED
00 JUL 11 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000032919

1. Corporation Name
Metro West Transportation Inc

2. Principal Office Address
12531 Newfield DR

Suite, Apt. #, etc.
—

City & State
ORI FL

Zip Country
32837 ORANGE

3. Mailing Office Address
SAME

Suite, Apt. #, etc.
—

City & State
—

Zip Country
SAME SAME

4. Date Incorporated or Qualified To Do Business in Florida **4-10-97**
5. FEI Number **59-3338286**
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 Jacobini**
Street Address (P.O. Box Number is Not Acceptable)
12531 Newfield DR. ORI, FL.
Suite, Apt. #, Etc.
—
City **ORI** State **FL** Zip Code **32837**

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 **Anthony Jacobini** Date **7-11-00**
REGISTERED AGENT MUST SIGN

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
President	President Anthony Jacobini	12531 Newfield DR.	ORI, FL. 32837

REINSTATEMENT

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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: **Anthony Jacobini** Date **7/11/00** Daytime Phone # **(407) 649-1600**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR