

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**  
**Jun 13, 2002 8:00 A.M.**  
**Secretary of State**

**DOCUMENT #**

1. Corporation Name

PEOPLE'S CHOICE TRANSPORTATION SERVICES, INC

300005911659--1  
-06/12/02-01077-011  
\*\*\*\*300.00 \*\*\*\*300.00

2. Principal Office Address

9240 SW 140 ST

Suite, Apt. #, etc.

3. Mailing Office Address

9240 SW 140 ST

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33176

Country

City & State

MIAMI FL

Zip

33176

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

1997

5. FEI Number

650744496

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

MARC ALTER

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

9886 N. KENDALL DR

Suite, Apt. #, Etc.

H-216

City

MIAMI

State

FL

Zip Code

33176

300005911659--1  
-06/21/02-01077-011  
\*\*\*\*300.00 \*\*\*\*300.00

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

*Marc Alter*

REGISTERED AGENT MUST SIGN

Date

5/9/02

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
P	CAROL SHEIL	9240 SW 140 ST	MIAMI FL 33176
	201.25 - AR		
	10.00 - AR ARTS		
	88.75 - AR SUPP		

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:

*Carol Sheil*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8 MAY 2002

Date

3058549889

Daytime Phone #

CR2E081 (9/01)

People's Choice Transportation Services, Inc  
9240 SW 140 Street  
Miami, FL 33176  
28 May 2002

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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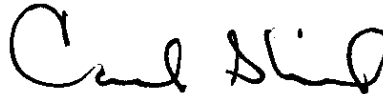
Re: Reinstatement of People's Choice Transportation Service, Inc

Dear Reinstatement Officer:

I recently took over the above corporation from Christopher Todd Dorough. Mr. Dorough did not receive the renewal since the office had 3 relocations within a 20-month period.

Enclosed is my application with all the necessary changes/additions and my check for \$300.00 for the fee in hopes that the state will waive the late fee. In addition after September 11, 2001, this company has been struggling to survive. If this amount is incorrect or insufficient, please notify me as soon as possible.

Thank you in advance for your consideration and assistance.



Carol Sheil, President

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cc: Marc Alter