

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FILED
 REINSTATEMENT

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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

99 OCT 21 PM 12:43

DOCUMENT # **997000041737**

1. Corporation Name
 C & M Transportation of St. Augustine, Fl. Inc.

Principal Place of Business	Mailing Address
2136 Water Plant Rd. St. Augustine, Fl. 32092 St. Johns County	365 Venetian Blvd. St. Augustine, Fl 32095 St. Johns county

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 05/12/97
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number 59-3447928
City & State	City & State	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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
p	Carolyn Roth	2136 Water Plant Rd.	St. Augustine, Fl. 32092
vp	MIKE Roth	2136 Water Plant Rd.	St. Augustine, Fl. 32092

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~~10/29/99-01081-888~~
 *****158.75 *****158.75
10/28

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Nancy J. Burn 365 Venetian Blvd. St. Augustine, Fl. 32095	Name Carolyn Roth Street Address (P.O. Box Number is Not Acceptable) 2136 Water Plant Rd. Suite, Apt. #, Etc. City St. Augustine, State FL Zip Code 32092

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 *Carolyn Roth* REGISTERED AGENT MUST SIGN Date **10/19/99**

11. This corporation owes 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: *Carolyn Roth* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **10/19/99** Daytime Phone # **904-824-2573**

CR2E001 (12/96)

C & M Transportation of St. Augustine, Fl. Inc.

Oct 20, 1999

Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, Fl. 32399

Re: Reinstatement

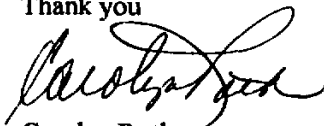
To Whom it may concern:

On 10/14/99 we were advised by Dunn and Brad Street that our corporation was dissolved on 9/24/99 without notification to us. C & M Transportation was never notified of any annual renewal fees or that the corporation was being dissolved.. With this being our second year in business We had no knowledge of when the refilling was to be completed or that there was a refilling fee.

After speaking with one of your representatives I was advise to enclose a \$150.00 filing fee and that our corporation would be reinstated since there were no notification ever received. I have also enclosed \$8.75 for the Certificate of Status.

Any Questions you may contact Carolyn at 904-824-2573.

Thank you



Carolyn Roth
President