

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUL 12 AM 6:38

DOCUMENT #

P97000051194

1. Corporation Name

TRANSPORT Management  
Services, Inc.

2. Principal Office Address

205 S. Hoover Blvd

Suite, Apt. #, etc.

# ~~330~~ 330

City & State

TAMPA FL

Zip

33609 US

3. Mailing Office Address

205 S. Hoover Blvd

Suite, Apt. #, etc.

# ~~330~~ 330

City & State

TAMPA FL

Zip

33609 US

REINSTATEMENT 98-08

4. Date Incorporated or Qualified  
To Do Business in Florida

7/1/99

5. FEI Number

59-3450429

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

J Styles Wilson

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

205 S. Hoover Blvd # ~~400~~

Suite, Apt. #, Etc.

# 400

City

TAMPA

State

FL

Zip Code

33609

700003329117-3

-07/20/00--01013--015

\*\*\*1050.00 \*\*\*1050.00

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

J Styles Wilson

REGISTERED AGENT MUST SIGN

Date 7-6-00

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-T	J Styles Wilson	205 S. Hoover Blvd. #400	TAMPA FL 33609
VP-S	CAROLYN THATCHER	205 S. Hoover Blvd. #400	TAMPA FL 33609

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:

J Styles Wilson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-6-00

Date

813 286 2323

Daytime Phone #