

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 DEC -1 AM 8:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000059194

1. Corporation Name

NEWELL TRANSPORT INC.

2. Principal Office Address

2807 PATTY LANE

3. Mailing Office Address

2300 West Sample Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

202

City & State

MELBOURNE, FL

City & State

Sunrise, FL

Zip

32935

Country

USA

Zip

33073-3047

Country

USA

REINSTATEMENT

02-03

4. Date Incorporated or Qualified
To Do Business in Florida

7/08/97

5. FEI Number

65-0766802

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

MICHAEL G. CHANDROSS

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

2300 WEST SAMPLE RD

Suite, Apt. #, Etc.

202

City

POMPANO BEACH

State

FL

Zip Code

33073

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

Michael G. Chandross
REGISTERED AGENT MUST SIGN

Date

11/17/03

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
DPS	ALLEN R NEWELL	2807 PATTY LANE	MELBOURNE, FL 32935

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:

Allen R Newell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/10/03

Daytime Phone #

(321)
223-2182

CR2E081 (10/02)

Newell Transport, Inc.
2807 Patty Lane
Melbourne, FL 32935

Thursday, November 06, 2003

Department of State
Annual Report filings
Division of Corporations
PO. Box 6327
Tallahassee, FL 32314


To Whom it May Concern:

We hereby request a waiver of the penalties imposed for late filing of our 2002 and 2003 annual report.

Enclosed is a check for \$308.75 covering the filing fee for 2002, 2003 and the fee for Certificate of Status.

Our business address has changed and we did not receive a form or any other notification to file the report.

Sincerely,

A handwritten signature in cursive script that reads "Allen Newell".

Allen Newell, Pres.