PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| | | 75 | | 7. | | | |
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| | CYM | A DEPARTMENT | OF STATE | | FILED | | |
| -DEMOTRIEMENT | | Secretary of State | 4 | 01 M | 1Y -3 PM 2:5 | 5 | |
| DOCUMENT # P9700068024 | | | SEGRELARYOFISTATE TALLIAHASSEE, FLORIDA | | | | |
| 1. Corporation Name | | | 1 | in the control of the | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| Demps Transporta | Hon In | C, | : | | | | |
| | | | | 30 | 0004275 -05/21/01 | 51138 01197014 | |
| 2. Principal Office Address | Office Address | , |] | ****300.00 | ****300.00 | | |
| 1318 Causey Lane | | Causey Lar | <u>e i i i i i i i i i i i i i i i i i i i</u> | ĺ | | | |
| Suite, Apt. #, etc. | Suite, Apt. # | F, etc. | | 4. Date incorporated of | or Qualified A | | |
| City & State | City & State |) | | To Do Business in I | Florida Hubust | 6,1997 | |
| JACKSONVILL FI JACKS | | (Sonville) | 7_ | 5. FEI Number 5 9 3460 | 0 2/1/6 2 3 1: | | |
| Zip Country | Zip | Country | _ | 6. | - \$9.75 A | Not Applicable Additional Fee required | |
| 32225 USA | 322 | ئے۔۔۔ | SA | CERTIFICATE OF STAT | TUS DESIRED (or a | Certificate of Status | |
| No. | 7. | Name and Address of C | urrent Register | ed Agent | | | |
| Name Suphie | 1/000 | e Demps | | | | | |
| Street Address (P.O. Box Number | s Not Acceptable) | anel | | | | | |
| Suite, Apt. #, Etc. | Sel - | <u></u> | ! | · · · · · · · · · · · · · · · · · · · | | | |
| | | | | I State | Zip Code | | |
| CHY JACKSUNVIILE | | | | State FL | 3222 | 5 | |
| 8. I, being appointed the registered egent of the | above named corp | oration, am fami iar with a | nd accept the ob | oligations of section 607.0 | 505 or 617.0503, F.S. | S | |
| Signature of Registered Agent Suphia (New) | | | 5-/~01 | | | | |
| registered regard | | SENT MUST SIGN | | | | | |
| 8. Names and Street Addresses of Each Officer | and/or Director (Fi | orida nonprofit corporation | ns must list at lea | ast 3 directors) | | | |
| Titles Name of Officers and/or Directors | | Street Address of Each Officer and/or Director | | | City / State / Zip | | |
| Sodie Worne De Mas | | 1318 COUSE/ Lane | | JAe | JACKSONVILL FL 32225 | | |
| , and the second | 4 | | ! | | | | |
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| | | | | | | | |
| 10. I certify that I am an officer or director or the rethis reinstatement application, the reason for cowed by the corporation have been paid and to on this application is true and accurate, and m | lissolution has bee he names of individ | n eliminated, the corporate duals listed on this form do | name satisfies not qualify for a | the requirements of section exemption under section | n 607.0401 or 617.0401, | F.S., that all fees | |
| SIGNATURE: Solo | lonne | 100 mos | | 5-1-01 | 904 641 | 7051 | |
| CIVITATIVE AND TOTAL OF | BONGED NAME OF | CONTRACTOR OF CONTRACTOR | 070D | | | , | |



DEMPS TO INSPORTATION INC.

1318 CAUSEY LANE
JACKSONVILLE, FLORIDA 32225

904-641-7051

904-641-5471 FAX

Document Number P97000068024

May 1, 2001

Dear Sir or Madam

This letter is in reference to the Department of State waiving the reinstatement fee of \$900.00 for our Corporation.

My company did not receive the annual report package for the 2000-year nor the 2001-year. When we called, we were told that our company has been dissolved by the State. Since we didn't receive the annual report package, the annual dues for the years in question were not paid.

We are aware that it is our responsibility to remit the necessary annual dues to keep our Company in current standing with the State. This is required if you receive the annual package or not. However, in the normal course of running a business oversights do occur which causes certain important issues to be missed.

We are asking if you would please grant this one time waiver and accept our annual fee for both 2000 and 2001 annual dues in the amount of \$300.00, which is enclosed.

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Thank you very much for your attention to this matter.

Thank you,

Sophie Y. Demps Owner and President

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