

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

05 NOV 15 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000013488

1. Corporation Name

Haz Transportation Inc
39 Elda Lane
Port Orange FL 32127

2. Principal Office Address

39 Elda Lane

Suite, Apt. #, etc.

City & State

Port Orange FL

Zip

32127

Country

Volusia

3. Mailing Office Address

39 Elda Lane

Suite, Apt. #, etc.

City & State

Port Orange FL

Zip

32127

Country

Volusia

REINSTATEMENT

04-05

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

59-3497656

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

Stephen J Hart

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

39 Elda Lane

Suite, Apt. #, Etc.

City

Port Orange

State

FL

Zip Code

32127

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

Stephen J Hart

REGISTERED AGENT MUST SIGN

Date 11-9-05

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
DPV	Stephen J Hart	39 Elda Lane	Port Orange FL 32127

100061442561
11/15/05--01057--013 **\$900.00

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:

Stephen J Hart

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-9-05

Date

386-871-0459

Daytime Phone #

NOV 16 2005