

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2006 DEC 28 PM 5:00

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P98000030640

**1. Corporation Name**

Ancon Transportation Corporation

**2. Principal Office Address**

2901 N Federal Hwy

Suite, Apt. #, etc.

City & State

Boca Raton FL

Zip

33431

Country

**3. Mailing Office Address**

2901 N Federal Hwy

Suite, Apt. #, etc.

City & State

Boca Raton FL

Zip

33431

Country

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

04/01/98

**5. FEI Number**

65-0823624

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT**

CR2E081 (12/05)

05-06

**7. Name and Address of Current Registered Agent**

Name

John Wagner

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

2901 N Federal Hwy

Suite, Apt. #, Etc.

City

Boca Raton FL

State

FL

Zip Code

33431

**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 Wagner

Date 12/26/06

REGISTERED AGENT MUST SIGN

**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
D	John Wagner	2901 N Federal Hwy	Boca Raton FL 33431
D	William Polidoro	2901 N Federal Hwy	Boca Raton FL 33431

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12/28/06--01009--008 \*\*908.75

**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 contained in Chapter 119, 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 Wagner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/26/06

Date

564-750-9874

Daytime Phone #