

APPLICATION
FOR

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

FILED

OCT 23 PM 6:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000030801

1. Corporation Name

DEANS TRANSPORTATION SERVICES INC.

Principal Place of Business

Mailing Address

3466 CAPRI DRIVE
FT. LAUDERDALE FL 33312

3466 CAPRI DRIVE
FT. LAUDERDALE FL 33312



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

04/02/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0842023

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	IVEY, BERNICE	3466 CAPRI DRIVE	FT. LAUDERDALE FL 33312
D	IVEY, TERRENCE	3466 CAPRI DRIVE	FT. LAUDERDALE FL 33312

UBR2 0018

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

IVEY, BERNICE
3466 CAPRI DRIVE
FT. LAUDERDALE FL 33312

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE: *Bernice Ivey*
REGISTERED AGENT MUST SIGN

Date 10-13-80

11. 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:

SIGNATURE: *Bernice Ivey*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (800)

Page 2 of 2

3466 Capri Drive
Ft. Lauderdale, Fl. 33312

Deans Transportation Services Inc.

October 13, 2000

Florida Department Of State
Division Of Corporations
PO Box 6327
Tallahassee, Fl. 32314

Dear Sir or Madam:

Per our conversation with one of your representatives this morning, I am attaching the notice of administrative dissolution or revocation with this letter.

It is my belief that this is unjust because our report was filed in a timely manner. We did not receive from the State an annual form and to prevent penalties we sent our fees in to the State along with a letter. When the documents were returned, the corporate tax ID number was not included. We subsequently returned that information to the state. Our Officers have not changed and our address has not changed. If the correct forms were received from the State in January or February of this year, we would not be going through this process at this time.

Since the original deadline was met, I believe that the penalties should be removed and the Corp returned to active status.

If this is not done, we will be forced to discontinue this Corporation.

If you need any further information, please feel free to contact me.

Thanking you in advance.

Bernice Ivey
Director

Encl.

For all your transportation needs.