

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>P98000045385</b>			
1. Corporation Name <b>TROOPE TRANSPORT, INC.</b>			
Principal Place of Business <b>6113 N.W. 20TH STREET MIRAMAR FL 33023</b>		Mailing Address <b>6113 N.W. 20TH STREET MIRAMAR FL 33023</b>	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country	
4. Date Incorporated or Qualified To Do Business in Florida <b>05/20/1998</b>		5. FEI Number <b>65-0837542</b>	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	TROOPE, LORENZO	6113 N.W. 20TH STREET	MIRAMAR FL 33023
SVT	TROOPE, LORENZO	6113 N.W. 20TH STREET	MIRAMAR FL 33023
<b>REINSTATEMENT</b> <b>708004669647-5</b> <b>-11/06/01--01082--014</b> <b>****750.00 ****750.00</b>			
8. Name and Address of Current Registered Agent <b>OLAIGBE, OLA 18441 N.W. 2ND AVENUE STE 220 MIAMI FL 33189</b>		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code <b>FL</b>	
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  <b>SIGNATURE REQUIRED</b> REGISTERED AGENT MUST SIGN Date <b>10/15/2001</b>			
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:  <b>SIGNATURE REQUIRED</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date <b>10/01/01</b> Daytime Phone #			

FILED  
01 OCT 22 AM 9:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CR20040 (8/01)