

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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

FILED

99 NOV -8 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000072195

1. Corporation Name

SOUTHERN SPECIALIZED TRANSPORTATION, INC.

Principal Place of Business

Mailing Address

5055 N.W. 74TH AVE
MIAMI FL 33166

5055 N.W. 74TH AVE
MIAMI FL 33166



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

08/18/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

Not Applicable

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	REYNOLDS, JAMES M	5055 N.W. 74TH AVE	MIAMI FL 33166

800003046278-4
-11/16/99--01092--004
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

REYNOLDS, JAMES M
5055 N.W. 74TH AVE
MIAMI FL 33166

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

REGISTERED AGENT MUST SIGN

Date

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SOUTHERN SPECIALIZED TRANSPORTATION, INC.
JAMES M REYNOLDS

5055 NW 74 AVENUE
MIAMI, FL 33166
USA

November 03, 1999

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Associate,

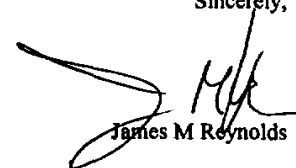
RE: SOUTHERN SPECIALIZED TRANSPORTATION, INC.
Document #: P98000072195

Please find attached check #1261 in the amount of \$150.00 and my application for reinstatement.

I am requesting that you waive the penalty fees for the above named Corporation due to my lack of knowledge. When I opened my Corporation no one told me that there was a yearly renewal fee. I did not find out until I received the Certificate of Administrative Dissolution or Revocation form. I have never received the annual renewal form or any late notices. I am at the same address that I used when I opened my Corporation. Had I received the renewal form I would have paid the fee - but not receiving the form and no one telling me about it - I just did not know.

Should you need any additional information please do not hesitate to get in contact with me at the above address. Anything that you can do to expedite this matter would be greatly appreciated.

Sincerely,


James M Reynolds