PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR
EINSTATEMEN



FLORIDA DEPARTMENT OF STATE Katherine Harris

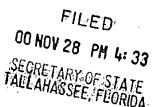
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT#

P98000072195

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1. Corporation Name



SOUTHERN SPECIALIZED TRANSPORTATION, INC. Principal Place of Business Mailing Address					ALLAHASSEE, FLORIDA			
If above a	addresses are incorrect in any way, line	through incorrect	t information and enter	correction below.	REIN	STATEMEN	VI CO	
New Principal Office Address, If Applicable New M			ailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 08/18/1998			
Suite, Apt. #, etc.		Suite, Apt.	Suite, Apt. #, etc.			5. FEI Number Applied For		
City & Stat	City & State		City & State			65-0854512 Not Applicable		
Zip	Zip Country Zip		Country 6.			SATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status		
7. Names	and Street Addresses of Each Officer a	nd/or Director (f	Florida nonprofit corpor	ations must list at le	east 3 directors)			
Title(s)	Name of Officers Title(s) and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip		
D	REYNOLDS, JAMES M	5055 N.W. 74T		H AVE		MIAMI FL 33166		
							-	
					1	0000350(-12/13/00- ****758.79	05411 -01106021 5 ****758.75	
8. Name and Address of Current Registered Agent				9. Name and Address of New Registered Agent				
o. Italie and Address of Content Registered Agent								
REYNOLDS, JAMES M				Name Street Address (P.O. Box Number is Not Acceptable)				
5055 N.W. 74TH AVE MIAMI FL 33166				Suite, Apt. #, Etc.				
			City State Zip Code					
10. I, being Signature of Registered		V CR	rporation, am familiar v	with and accept the	obligations of Sect	ion 607.0505, F.S. Date // 92	100	
this rei	y that I am an officer or director or the re- nstatement application, the reason for do- ny the corporation have been paid and to application is true and accurate, and m	eceiver or trustee issolution has be he names of indi	empowered to execute en eliminated, the corp viduals listed on this fo	orate name satisfic orm do not qualify fo	es the requirements or an exemption un	of section 607.0401 or 617.	0401, F.S., that all fees	