

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

QPR

FILED

99 OCT 21 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000077459**

1. Corporation Name
ABLE CARGO TRANSIT INC.

Principal Place of Business Mailing Address

~~548 HOFFNER ROAD #105~~ **5462 HOFFNER** POST OFFICE BOX 721178
ORLANDO FL 32822 **# 507-508** ORLANDO FL 32872-1178



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

2. New Principal Office Address, If Applicable
5462 HOFFNER
Suite, Apt. #, etc. **# 507-508**
City & State **ORLANDO FL**
Zip **32822** 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 **09/08/1998**

5. FEI Number **58-2052790** Applied For Not Applicable

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
CEO	WAYNE SHELTON	5462 HOFFNER RD #507	ORLANDO FL 32822
Pres	JOAN SHELTON	5462 HOFFNER RD #508	ORLANDO FL 32822

8. Name and Address of Current Registered Agent

SHELTON, WAYNE
5448 HOFFNER ROAD, #105
ORLANDO FL 32822

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
FL

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 Wayne Shelton **REQUIRED** Date 10/10/99
REGISTERED AGENT MUST SIGN

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: Wayne Shelton **REQUIRED** Date 10/10/99 Daytime Phone # 407-737-2175
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CS2500 (8/99)

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To whom this may concern -

We never received any type of correspondence from your office concerning these dues. I checked the address and the bldg. was vacant - Per your agent's instructions I have enclosed a check for \$150.00

Thank you
Way. S.H.