PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P99000018757

1. Corporation Name

A & M TRANSPORT, INC.

FILED

01 JAN -3 PM 12: 15

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Principal Place of Business		Mailing Addr	Mailing Address					
022 NE 25 STREET		021 NE 25 0	020 NE 26 ÉTRECT			#		
932 NE 25 STREET BELLE GLADE FL 33430			932 NE 25 STREET BELLE GLADE FL 33430					
BELLE GLADE PE 30400 BELLE GLA		7E FL 33430			TER INDIA INTO SELUT NAME RAFEL NEUR ITANI	(BIII) 18681 BIIII 1681 1681		
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.					HEIN.	STATEMENT	• 00	
New Principal Office Address, If Applicable 3. New N		ible 3. New Maili	iling Office Address, If Applicable		4. Date incom	orated or Qualified iness in Florida		
Suite, Apt. #, etc.		Suite Ant #	Suite, Apt. #, etc.		10 DO Busi	02/2	25/1999 SP	
Obite, Apr. #, dic.		Oute, Apt. #,	r, 616.		5. FEI Numbe	er .	Applied For	
City & State C		City & State	City & State		105-	DANULIT	 	
-			•		$L_{Q}S^{-}$	0107111	Not Applicable	
Zip	Country	Zip	•	Country	ļ	E OF STATUS DESIRED 1 38.75	Additional Fee required	
					OCIVIII IOAI	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)								
	Name of C			Street Address of Each				
Title(s)	and/or Din	ectors	3	Officer and/or Director		City / State	/ Zip	
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				•		****760.00 *	***760.00	
•	C Name and Address a	f Command Parabassas Ass					-	
8. Name and Address of Current Registered Agent					9. Name and	Address of New Registered Age	ent	
				Name Rri	ant	James D.	. ;	
VRYANT, JAMES D				Street Address	O Box Number	is Not Accentable)		
932 NE 25 STREET				772	N.F.	a5 4 stree	<i>t</i>	
BELLE GLADE FL 33430				Suite, Apt. #, Etc.		<u> </u>		
VELLE	. 42.02 1 2 00100		•					
				City ()	(1)	State 2	Zip Code	
				100110	<u>. 151004</u>	<u>' FL </u>	33430	
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 CAN COUNTY AND COUNTY OF THE CO								
Registered Agent Date Date Date								
	TEGIP ENED AGENT MOST SIGN							
44 1	Mark 1 and 1							
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 filling 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

12/29/00

Daytime Phone #