2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000018826

Entity Name
WELLINGTON TRANSPORTATION, INC.

07 OCT 11 AM 11:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
13833 E-4 WELLINGTON TRACE
WELLINGTON, FL 33414

Mailing Address
13833 E-4 WELLINGTON TRACE
WELLINGTON, FL 33414

10102007 REIN-P CR2E098 (1/07)

2. Principal Place of Business No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number: 65-0937654 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REILLY, DENNIS
1872 CAPESIDE CIRCLE
WELLINGTON, FL 33414

7. Name and Address of New Registered Agent

Name

Street Address (P. O. Box Number is Not Acceptable)

City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After January 1, 2008, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

Field	Entry	
TITLE	PS	☐ Delete
NAME	REILLY, ELLEN	
STREET ADDRESS	13833 E-4 WELLINGTON TRACE	
CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE	VPT	☐ Delete
NAME	REILLY, DENNIS	
STREET ADDRESS	13833 E-4 WELLINGTON TRACE	
CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

☐ Change ☐ Addition

900011649869
11/02/07--01051--016 **150.00

REINSTATEMENT 2007

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with all other like empowered.

SIGNATURE: E. Reilly
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #