" PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	PORATION STATEMENT		S	DEPARTMENT OF State	•		0 . SE	FILED 5 FEB -1 PM 2: 19 CURETARY OF STATE	9 -
DOCUMENT # P99000036323 1. Corporation Name						SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Creater Trans portation of Gainesville INC 2. Principal Office Address 3. Mailing Office Address						REINSTATEMENT 03-05			
2525NE 19 Drive :			3801 NW 6 Street			-			
Suite, Apt. #	, etc.		Suite, Apt. #, e	etc.		4. Date Incorp			laga
City & State	e.1 -		City & State	91.0.	<i>•</i>	To Do Busin	ness in Flo		1999
Can	sulle,	Lorfda	100	3V1110,51	ortda	59- 3	698		Applicable
3260	09 U	"SA	3260	09 Country	S. M	6. CERTIFICATE	OF STATU	S DESIRED \$8.75 Additional for a Certificate	
7. Name and Address of Current Registered Agent									
	Sim H. Banks III Street Address (P.O. Box Number is Not Acceptable) 370 NW & Street Suite, Apt. #, Etc. City								
	Carne	sville,					FL	32609	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 507.0505 or 617.0503, F.S. Signature of Registered Agent Date D/3/055 REGISTERED AGENT MUST SIGN									
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)									
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip		
P	Sim H. Banks III		3801 NW 6 Street		Gaines ville, FL 3260				
VP	Diane A	rcler Ba	nks_	3801 NW	6 Str	uet.	Gai	restille FL 326	09
				#\$ ***	3° (<u>/</u> 02/0	205-	146085298 -01030020_**450	0.00
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						80 02/07		46085298 0030021 ***	, c
10. 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 January 31, 2005 (352) 874-9694									

To Whom it may concern:

I Sim It. Banks ## didn't Recieve a Annual Report in the year OF 2003-2004. As a result, my corporation (Coreater Transportation of Cainesville INC). have been dissolved. Please accept this \$450.00 Check to reinstate my corporation Status back to Active.

Sincerly,