

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 OCT 20 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000041331

1. Corporation Name

ROSEN TRANSPORT, INC.

Principal Place of Business

Mailing Address

212 S. LAKE PLEASANT RD.
APOPKA FL 32703

212 S. LAKE PLEASANT RD.
APOPKA FL 32703



2000 UBR

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

05/03/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3576673

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6.

CERTIFICATE OF STATUS DESIRED

\$9.75 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
President	Carl E. Rosen	212 S. Lake Pleasant Rd	Apopka, FL 32703
Vice President	Kisa Prive Rosen	212 S. Lake Pleasant Rd	Apopka, FL 32703

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-11/07/00--01120--015

****\$50.00 ****\$50.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROSEN, CARL
212 S. LAKE PLEASANT RD.
APOPKA FL 32703

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/16/00

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/16/00 907 466 7059

Daytime Phone #

CR2ED40 (8/00)

October 16, 2000

Department of State
Division of Corporation
P.O. Box 06327
Tallahassee, Florida 32314

To Whom It May Concern:

I previously mailed a check on
June 14, 2000, in the amount of
\$550.00 for Rosen Transport, Inc
for Uniform Business reports after
receiving my second notice. My
check has not cleared my account.
I called today and was told to
resend an additional check for
\$550.00 which is enclosed.

Please waive any additional fees
that might have occurred, due
to the lost check.

Sincerely
Linda Rosen

Rosen Transport, Inc
212 S. Lake Pleasant RD
Apopka, FL 32703
407-884-8887
P99000041331
FBI # 59-3576673