

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PS 192

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 FEB 11 AM 11:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000067450

1. Corporation Name

SASO Transport, Inc.

2. Principal Office Address

3044 McGregg Blvd.

Suite, Apt. #, etc.

City & State

Fort MYERS, FL.

Zip

33901

Country

LEE/USA

3. Mailing Office Address

11484 Palm Beach Blvd.

Suite, Apt. #, etc.

City & State

Ft. MYERS FL.

Zip

33905

Country

USA

REINSTATEMENT 07-05

**4. Date Incorporated or Qualified
To Do Business in Florida**

July 1999

5. FEI Number

65-0593646

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Anthony L. SASO

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

3044 McGregg Blvd.

Suite, Apt. #, Etc.

City

Ft. MYERS

State
FL

Zip Code

33901

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

**Signature of
Registered Agent**

Anthony L. SASO
REGISTERED AGENT MUST SIGN

Date

2/16/05

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
PRES.	Anthony L. SASO	3044 McGregg Blvd.	Ft. MYERS FL. 33901

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 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:

Anthony L. SASO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/16/05

Daytime Phone #

239-707-0059

CR2E081 (01/05)

ps 2 572

2-10-05

To Whom It May Concern,

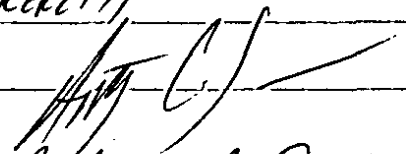
This letter is to Inform
you that I NEVER RECEIVED THE
PROPER PAPERWORK TO FILE A UNITARY
BUSINESS REPORT SINCE ²⁰⁰⁰ 1999.

Enclosed is a check from 2004
to 2005 at \$150⁰⁰ per Year.

REASON I NEVER RECEIVED PROPER
PAPERWORK WAS BECAUSE OF A CHANGE
OF ADDRESS.

^{NON-Filing}
IF FEES CAN BE WAIVED IT
WOULD BE GREATLY APPRECIATED.

Sincerely,


Anthony C. Saso