

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2009 AUG 25 P 2:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 999000070393

1. Corporation Name
Southern Pride Transportation, Inc

900159894959
08/25/09--01003--006 **458.75
CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #

4470 Bimini Drive

Suite, Apt. #, etc.

HERNANDO BEACH FL

City & State

" " "

Zip

34607

Country

HERNANDO

3. Mailing Office Address

4470 Bimini DR

Suite, Apt. #, etc.

" " "

City & State

HERNANDO BEACH, FL

Zip

34607

Country

HERNANDO

4. Date Incorporated or Qualified
To Do Business in Florida

8-9-1999

5. FEI Number

593592774

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

Southern Pride Transportation, Inc. Larry W. Lee

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

4470 Bimini Drive

Suite, Apt. #, Etc.

" " "

City

HERNANDO BEACH

State

FL

Zip Code

34607

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Larry W. Lee

Date 8-21-09

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
<u>President</u>	<u>LARRY W. LEE</u>	<u>4470 Bimini Drive</u>	<u>HERNANDO BEACH, FL 34607</u>

REINSTATEMENT
07-09

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 contained in Chapter 119, 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:

Larry W. Lee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-21-09

Date

352-597-0505

Daytime Phone #