

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P99000077451**

1. Corporation Name

ALL TRAILER TRANSPORT, INC.

Principal Place of Business

Mailing Address

**2653 BOCH RD.
APOPKA FL 32712**

**2653 BOCH RD.
APOPKA FL 32712**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/31/1999

5. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 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
PD	MILLER, RICHARD L	2653 BOCH RD.	APOPKA FL 32712
VD	MILLER, JESSE R	2642 OAK DR	APOPKA FL 32712
TSD	MILLER, PENNY	2653 BOCH RD.	APOPKA FL 32712

100004669211--6

-11/06/01--01064--010

*****150.00 ***150.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**MILLER, PENNY
2653 BOCH RD.
APOPKA FL 32712**

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Penny Miller
REGISTERED AGENT MUST SIGN

Date

10-12-01

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:

Penny Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-12-01

**407
8860589**

CR2040 (8/01)

2al²

10-12-01

To Whom it may Concern;

This letter is to let you know that this is the 1st Application for Corporation that I have received for this year.

I am sending a check for \$150.00 and I would appreciate it if you could waive the late fees, considering I didn't get any application until now.

Thank you very much

Denny & Mills

P.S. I pay all my bills on time and if I had is I would have paid it.

Thanks again

Denny & Mills