PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

DOCUMENT # P99000080838

1. Corporation Name

Gershman Transport International, Inc.

2. Principal Office Address	3. Mailing Office Address
c/o Lewis B. Gershman 2610 N.E. 48th Court	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Lighthouse Point, FL	City & State
Zip / Country 33064	Zip / Country

REINSTATEMENT 2000

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number — ☑ 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
Harold S. Bofshever, Esq.

400003465374--7
-11/15/00--01123--009
****750.00 ****750.00

Street Address (P.O. Box Number is Not Acceptable)
4875 N.E. 48th Court

Suite, Apt. #, Etc.

City	State	Zip Code
Lighthouse Point	FL	33064

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 _____ Date 10/6/00

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,D	Lewis B. Gershman	2610 N.E. 48th Court	Lighthouse Point, FL 33064
S,T	Valarie Gorin	2610 N.E. 48th Court	Lighthouse Point, FL 33064

LS

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.

Lewis B. Gershman

SIGNATURE: _____ President 10/6/00 (954) 596-1478

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #