

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

page 1 of 2

APPLICATION FOR  
**DOCUMENT # P99000094453**

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

1. Corporation Name  
**SCROLL TRANSPORT, INC.**

Principal Place of Business  
5201 LOCKSLEY AVE  
JACKSONVILLE FL 32208

Mailing Address  
5201 LOCKSLEY AVE  
JACKSONVILLE FL 32208

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

2. New Principal Office Address, If Applicable  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. New Mailing Office Address, If Applicable  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida  
10/22/1999

5. FEI Number  
59-3605126

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
P	OWENS, VIRGIL JR	5201 LOCKSLEY AVE	JACKSONVILLE FL 32208
VP	OWENS, EMMERELL F	5201 LOCKSLEY AVE	JACKSONVILLE FL 32208
S	JOHNSON, ADRIAN D	11017 OYSTER WAY	JACKSONVILLE FL 32218

8. Name and Address of Current Registered Agent  
OWENS, EMMERELL F  
5201 LOCKSLEY AVE  
JACKSONVILLE FL 32208

9. Name and Address of New Registered Agent  
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 Emmerell F. Owens Date 12/5/01  
REGISTERED AGENT MUST SIGN

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] Date 12-5-01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

FILED  
01 DEC -7 AM 11:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



800004733128--7  
-12/19/01--01059--007  
\*\*\*\*150.00 \*\*\*\*150.00

01 18

CR2E040 (8/01)

Scroll Transport, Inc.  
5201 Locksley Ave  
Jacksonville, FL 32208

Dec 5, 2001  
PAG 42

To whom it may concern;

We have ~~not~~ knowledge of receiving  
any previous notices of annual reports.

Please waive the reinstatement fee.  
Enclosed is a check for \$150.00.

Thanks,  
Emmrell Owens,  
Vice Pres.