

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



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

**FILED**

01 JUL 27 PM 2:50

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # S46948**

1. Corporation Name

**COMMERCIAL TRANSPORTATION AGENCY, INC.**



Principal Place of Business

Mailing Address

869 97TH AVE N  
 STE "C"  
 NAPLES FL 34108  
 US

869 97TH AVE NORTH  
 STE "C"  
 NAPLES FL 34108  
 US

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

4. Date Incorporated or Qualified To Do Business in Florida

04/22/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0256629

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

Zip

Country

Zip

Country

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
DP	CLANTON, R. H., JR.	869-C 97TH AVE. NORTH	NAPLES FL
ST	CLANTON, R. H., JR.	869-C 97TH AVE. NORTH	NAPLES FL
			100004524961--1 -08/08/01--01092--006 ****900.00 ****900.00
			<b>REINSTATEMENT 00-07</b>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CLANTON, ROBERT H  
 869-C 97TH AVE. N.  
 NAPLES FL 33963

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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

*Robert H. Clanton Jr.*

REGISTERED AGENT MUST SIGN

Date

5/31/11

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:

*Robert H. Clanton Jr.* ROBERT H. CLANTON JR 5/31/11

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/00)