

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAR 13 PM 3:12

DOCUMENT # **S70419**

1. Corporation Name

EAST COAST TRANSPORT, INC.

Principal Place of Business

Mailing Address

2045 W MEMORIAL BLVD SUITE 1
UNION 76 TRUCK STOP
LAKELAND FL 33815

P.O. BOX 168
PAULSBORO NJ 08066
US

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



REINSTATEMENT 00-01

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

08/02/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3087195

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	LATTA, DANIEL J	#11 MT ROYAL PLAZA	PAULSBORO NJ 08066
C	LIBERI, JACK	#11 MT ROYAL PLAZA	PAULSBORO NJ 08066
			600003856666-1 -03/16/01--01100--028 ****908.75 ****908.75
P/S	LATTA, DANIEL J.	#11 MT. ROYAL PLAZA	PAULSBORO, NJ 08066

8. Name and Address of Current Registered Agent

MIDYETTE, WILLIAM M., III ESQ.
2012 SOUTH FLORIDA AVENUE
LAKELAND FL 33803

9. Name and Address of New Registered Agent

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

William M. Midyette

Date

3/1/2001

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:

Daniel J. Latta
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DANIEL J. LATTA, PRESIDENT

3/7/2001 1-800-257-7877
Date Daytime Phone #

CR20040 (8/00)