


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>577654</u>			
1. Corporation Name <u>South Port Transportation, Inc.</u>			
2. Principal Office Address <u>5858 Broadway Ave.</u> Suite, Apt. #, etc. <u>Suite # 3 & 4</u> City & State <u>Jacksonville, FL</u> Zip <u>32254</u> Country <u>Duval</u>		3. Mailing Office Address <u>P.O. Box 350129</u> Suite, Apt. #, etc. City & State <u>Jacksonville, FL</u> Zip <u>32235</u> Country <u>Duval</u>	

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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***300.00 ***300.00

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number <u>59-3083864</u>	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name <u>Tim Ingle</u>		
Street Address (P.O. Box Number is Not Acceptable) <u>1649 Monument Oaks Dr.</u>		
Suite, Apt. #, Etc. 		
City <u>Jacksonville</u>	State <u>FL</u>	Zip Code <u>32225</u>

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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 <u>Tim Ingle</u>	Date <u>2/4/02</u>
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
<u>Pres.</u>	<u>Jack C. Brooker</u>	<u>2077 Hwy 16 W.</u>	<u>Green Cove Springs, FL 32043</u>
<u>V. Pres</u>	<u>Tim K Ingle</u>	<u>1649 Monument Oaks Dr.</u>	<u>Jacksonville, FL 32225</u>

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.			
SIGNATURE: <u>Jack C Brooker</u>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <u>Jack C Brooker</u>	Date <u>2/4/02</u>	Daytime Phone # <u>904-741-6201</u>

CR2E081 (9/01)

DO NOT REMOVE!

• 2/4/02

282

To whom it may concern;

Please be advised we have never received our notice for the 2001 report. Upon finding out our status was inactive, I call your office and was told the notices were returned as "undeliverable". I was told the notices were sent to our old physical address (1510 Talleyrand Ave). This being the case I was instructed to fill out a reinstatement form and issue a check for \$300⁰⁰ for 2001 & 2002 by which I could then have South Port Transportation's status changed to active.

Thank you

J. Craig Brooker

J. Craig Brooker

904-741-6201