

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

01 AUG 24 PM 12:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **889056**

1. Corporation Name

WITCO TRANSPORT, INC

2. Principal Office Address

4914 TRENTON ST.

Suite, Apt. #, etc.

City & State

TAMPA FL

Zip

33619

Country

USA.

3. Mailing Office Address

4914 TRENTON ST.

Suite, Apt. #, etc.

City & State

TAMPA FL

Zip

33619

Country

USA.

4. Date Incorporated or Qualified
To Do Business in Florida

10-22-1991

5. FEI Number

59-3089718

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

BENJAMIN K. WHITTAKER

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

4914 TRENTON ST.

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33619

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

Benjamin K. Whittaker

REGISTERED AGENT MUST SIGN

Date **8-24-01**

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
PRES.	BENJAMIN K. WHITTAKER	4914 TRENTON ST.	TAMPA FL 33619
V.P.	"	"	"
SEC.	"	"	"
TRES.	"	"	"

REINSTATEMENT

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:

Benjamin K. Whittaker

BENJAMIN K. WHITTAKER 8-24-01 (813)240-8175

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Pg 232



Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32314

To whom this may concern:

I recently became aware that the corporation "Witco Transport" had been involuntarily dissolved with your office in 1996. I was not aware this happened and have been operational since the date of forming the corporation. I moved in 1995 to a new address and have not received annual reports since relocation. I would like to bring the corporation to current status. If you could, please, wave reinstatement fees and I will pay any fees owed to the state of Florida. The current address of the corporation is 4914 Trenton Street, Tampa, Florida 33619. The current phone number is (813)248-8175. Thank you for any considerations in this matter.

Sincerely,

Benjamin K. Whittaker
President