

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 MAR -7 PM 4:00

DOCUMENT # V10192

**1. Corporation Name**

Amusement Transport, Inc.

**2. Principal Office Address**

1651 St. Rd. 419

Suite, Apt. #, etc.

City & State

Longwood, FL

Zip

32750

Country

USA

**3. Mailing Office Address**

P.O. Box 195459

Suite, Apt. #, etc.

City & State

Longwood, FL

Zip

32750

Country

USA

REINSTATEMENT 81-02

**4. Date Incorporated or Qualified  
To Do Business in Florida**

1-27-92

**5. FEI Number**

593101487

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

Bradley J. Davis

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

538 Virginia Drive

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32803

**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

*[Signature]*

Date 2/7/02

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
PD	Charles G. Panacek, Jr.	1651 St. Rd. 419	Longwood FL 32750
VPD	Mary J. Panacek	1651 St. Rd. 419	Longwood FL 32750

**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:

*Mary J. Panacek*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-322-5130

Date

Daytime Phone #

CR2E081 (9/01)