

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
JUN 30 PM 12:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **V10627**

1. Corporation Name

**Ferguson Transportation Group, Inc.**

2. Principal Office Address

**226 NE 14 Street**

Suite, Apt. #, etc.

3. Mailing Office Address

**226 NE 14 Street**

Suite, Apt. #, etc.

City & State

**Ocala, Florida**

City & State

**Ocala, Florida**

Zip

**34470**

Country

**Marion**

Zip

**34470**

Country

**Marion**

4. Date Incorporated or Qualified  
To Do Business in Florida

**January 31, 1992**

5. FEI Number

**59-3106912**

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

**Howard Porter Ferguson**

**600003328396--5**

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

**1529F NE 39 Ave.**

**-07/19/00--01097--024**

**\*\*\*\*900.00 \*\*\*\*900.00**

Suite, Apt. #, Etc.

City

**Ocala**

State

**FL**

Zip Code

**34470**

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 **Howard Porter Ferguson**

Date **06-29-00**

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
Pres.	Howard P. Ferguson	1529F NE 39 Ave, Ocala	Ocala, FL 34470
Sec.	Howard P. Ferguson	1529F NE 39 Ave, Ocala	Ocala, FL 34470
Treas.	Howard P. Ferguson	1529F NE 39 Ave, Ocala	Ocala, FL 34470
V	Howard P. Ferguson	1529F NE 39 Ave, O	Ocala, FL 34470
M	Howard P. Ferguson	1529F NE 39 Ave,	Ocala, FL 34470

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: **Howard Porter Ferguson, Howard Porter Ferguson** 06-29-00 352-629-6222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #