

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 JUL 16 AM 8:00

DOCUMENT # V15599

1. Corporation Name

INTERSTATE TRANSPORT OF  
SOUTHWEST FLORIDA, INC.

**REINSTATEMENT** 03-04  
MRS

2. Principal Office Address

POST OFFICE BOX 50868

Suite, Apt. #, etc.

3. Mailing Office Address

POST OFFICE BOX 50868

Suite, Apt. #, etc.

City & State

TICE, FLORIDA

City & State

TICE, FLORIDA

Zip

33905

Country

LEE

Zip

33905

Country

LEE

4. Date incorporated or Qualified  
To Do Business in Florida

02/21/92

5. FEI Number

65-0321140

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

STEVEN B. WALSH

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

19551 PERSIMMONS RIDGE ROAD

Suite, Apt. #, Etc.

City

ALVA, FLORIDA

State

FL

Zip Code

33920

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

*Steven B. Walsh*

REGISTERED AGENT MUST SIGN

Date 07/15/04

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.	STEVEN B. WALSH	19551 PERSIMMONS RIDGE ROAD	ALVA, FLORIDA 33920

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)(f), 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:

*Steven B. Walsh*

STEVEN B. WALSH

07/15/04

Date

(239) 337-4155

Daytime Phone #

CR2501 (01/04)