1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
17 OCT -3 AM 9:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT
2014-2017

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F13000004893

400304148544

CR2E081 (11/10)

1. Corporation Name

Bacarella Transportation Services, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
375 Bridgeport Avenue	375 Bridgeport Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Shelton, CT	City & State: Shelton, CT
Zip: 06484 Country: United States	Zip: 06484 Country: United States

4. Date Incorporated or Qualified To Do Business in Florida: 11/08/2013

5. FEI Number: 06-1048835 ☐ 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: Corporation Services Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.

City: Tallahassee State: FL Zip Code: 32301

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: Roxanne Turner — REGISTERED AGENT MUST SIGN

Roxanne Turner
Asst. Vice President

Date: 10/3/17

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
P	Rosario Bacarella	12 Commerce Drive	Shelton, CT 06484
COO	Martin Capuano	12 Commerce Drive	Shelton, CT 06484

10. E-mail Address: bschwartz@btxglobal.com
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: CFO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — 203-925-5905 Daytime Phone #

ASHTON

252

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 817037 8143027

AUTHORIZATION : [signature]

COST LIMIT : $ 1200.00

ORDER DATE : September 14, 2017

ORDER TIME : 9:32 AM

ORDER NO. : 817037-015

CUSTOMER NO: 8143027

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17 OCT -3 AM 11:04

REINSTATEMENT

NAME: BACARELLA TRANSPORTATION SERVICES, INC.

XX ___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XXX ___ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner

EXAMINER'S INITIALS _____