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CLASS C REINSTATEMENT FORM

File the original with:	Mail or fax a copy to:
Public Service Commission of South Carolina Clerk's Office Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 – 5100 FAX (803) 896-5199	S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815

RECEIVED JUL - 6 2012 ORS T, T, W, W/W

DATE: 7-5-2012

Att Carol.

Please consider this an application for Reinstatement of my:

- [x] Taxi Certificate Number PSC-ORS-8375 Sticker # 1112125 - expires.
- [ ] Charter Certificate Number _____
- [ ] Charter Bus Certificate Number _____ Docket 2010-391-T
- [ ] Non-Emergency Certificate Number _____

My certificate was revoked/cancelled on ? (DATE) because went out of Business

Cause I fell on hard times, lost home was homeless, for 8 months. Now back on my feet.

I am seeking reinstatement because I would like to start it up again Back on my feet, and like to see if I can do it again. I like my extra income to help me on my Recovery from being homeless.

Maurice Reynolds DBA

Reynolds Transport & Shuttle Service (Name of Company)

DBA ? (if applicable)

P.O. Box 342 (Street Address)

(Mailing Address if different from Street Address)

Pendleton S.C. 29670 (City, State, Zip Code)

Maurice E Reynolds (Signature)

864-328-6399. (Telephone Number)

(Title) Owner, President, etc.

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ORS Revised 2-22-10