227002
227003

2007 95-T
2010-295-T

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**

DATE: 11-30-10

RECEIVED
DEC 01 2010
PSC SC
CLERK'S OFFICE

Please consider this an application for Reinstatement of my:

- [ ] Taxi Certificate Number _____
- [x] Charter Certificate Number 7792-A
- [ ] Charter Bus Certificate Number _____
- [ ] Non-Emergency Certificate Number _____

My certificate was revoked/cancelled on 11-17-10 (DATE) because Failure to file annu. report.

I am seeking reinstatement because report was filed and we need to continue business ASAP.

Carriage holdings of S.C llc (Name of Company) DBA The Carriage Co (if applicable)

549 Brightow cr (Street Address)

(Mailing Address if different from Street Address)

Easley SC 29642 (City, State, Zip Code)

Scott Cromer (Signature)

864-327-7267 (Telephone Number)

Owner (Title) Owner, President, etc.

ORS Revised 2-22-10

Transportation
CARRIER ANNUAL REPORT

LASS C - TAXI - CHARTER - NON-EMERGENCY - STRETCHER VA
OF

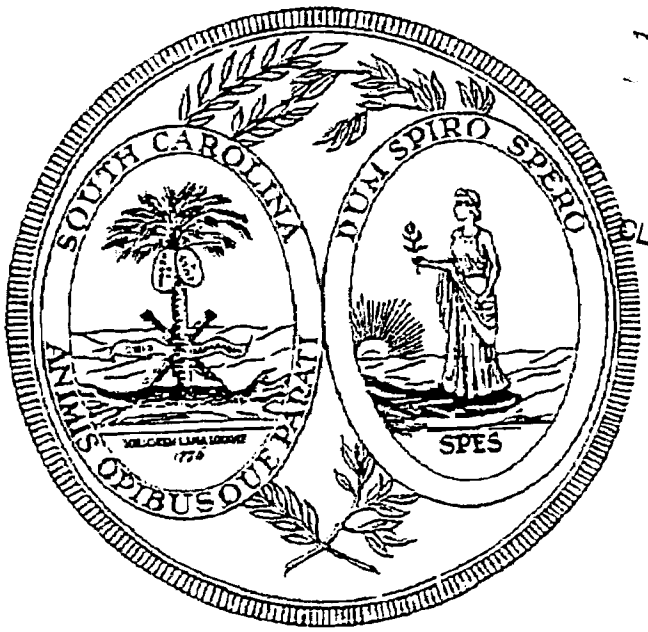
Carriage holdings of SC, llc d/b/a The Carriage Co.

Exact Legal Name of Respondent

PSC/ORS Number (leave blank)

FOR THE YEAR ENDED 2009

[✓] Calendar Year Ending December 31, 2009
or
[ ] Fiscal Year Ending _____



DEC 01 2010
PSC SC
CLERK'S OFFICE

Company Officers

Title of Officer	Name of Person Holding Office
President	Marion J. Cromer
Vice-President	James D. Ferguson
Secretary	
Treasurer	
Gen. Manager or Supt.	

Contact Information (If different from above)

Contact Name: Scott Cromer

Title: Owner

Street Address: 549 Brighton Cr

City: Easley State: S.C. Zip: 29642

Telephone Number: (864) 327-7267 E-mail: [redacted]

Letstakemylimo@AOL.com