2009-224-T
2012-319-T
2012-294-T

Print Form

240657
240658
240659

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: 11/20/2012 Docket 2009-224-T

OFFICE OF REGULATORY STAFF
RECEIVED
NOV 21 2012

Please consider this an application for Reinstatement of my:

- [x] Taxi Certificate Number 8122
- [ ] Charter Certificate Number
- [ ] Charter Bus Certificate Number
- [ ] Non-Emergency Certificate Number
- [ ] Stretcher Van Certificate Number

RECEIVED
NOV 29 2012
PSC SC
CLERK'S OFFICE

My certificate was revoked/cancelled on ~~Nov. 19, 2011~~ November 27, 2012 (DATE) because ~~Signature ... [illegible] for the~~ ~~Last Half Year 2011~~ for failure to submit a 2011 Annual Report and for non payment of decal fees for Last Half Year 2012

(*) I am seeking reinstatement because I have replaced the vehicle previously totaled and I am ready to resume business.

Julie M. Barnes (Name of Company) DBA DBA Sandlapper Express (if applicable)

(*) 104 Sundance Ct. (Street Address) (*) (Mailing Address if different from Street Address)

(*) Summerville SC 29483 (City, State, Zip Code) (*) Julie Barnes (Signature)

(*) (843) 518-0058 (Telephone Number) (*) Owner (Title) Owner, President, etc.

notice of address change

ORS Revised 2-22-10

Transportation
CARRIER ANNUAL REPORT

CLASS C - TAXI - CHARTER - NON-EMERGENCY - STRETCHER VAN

OF

Julie M. Barnes D/B/A Sand Lapper Express

Exact Legal Name of Respondent

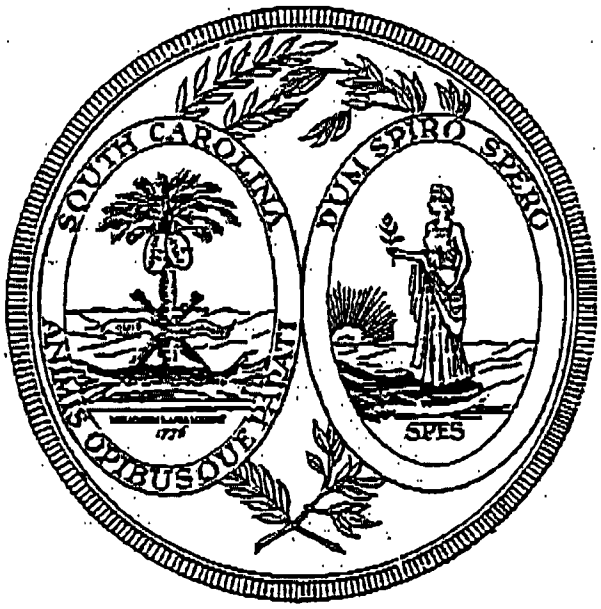
PSC/ORS Number (leave blank)

FOR THE YEAR ENDED 20 11

(L) Calendar Year Ending December 31, 20 11

or

( ) Fiscal Year Ending _____



Company Officers

Title of Officer	Name of Person Holding Office
President	
Vice-President	
Secretary	
Treasurer	
Gen. Manager or Supt.	

Contact Information (If different from above)

Contact Name: JULIE BARNES

Title: SOLE Proprietor

Street Address: 104 SUNDANCE CT

City: Summerville State: SC Zip: 29483

Telephone Number: (843 518-0058 E-mail: ShortCAKES@SC.RR.COM