

**PARATRANSIT SERVICES:****APPLICATION FOR LICENSE****RECEIVED**DATE: 10/6/25  
INITIALS: [Signature]APPLICATION DATE: 10-2-2025PROPOSED DATE OPERATIONS WILL BEGIN: 11-1-2025**SECTION I: GENERAL INFORMATION**1. NAME OF SERVICE: Sunshine Meal Trans LLC

2. BUSINESS ADDRESS (INCLUDE COUNTY):

675 North Huntclub BLVD unit # 2199  
Longwood, FL 32779 Seminole County3. CONTACT INFORMATION: Business Phone 321-209-9377

Mobile Phone \_\_\_\_\_

Email SunshineMealTransLLC@Gmail.com4. OWNERSHIP TYPE: ☒ PRIVATE CORPORATION ☐ GOVERNMENT AGENCY ☐ OTHER

a. If other, please describe: \_\_\_\_\_

5. CORPORATE OFFICERS AND DIRECTORS:

<u>NAME</u>	<u>ADDRESS</u>	<u>POSITION</u>
<u>Ernest Ballenilla Jr</u>	<u>2608 Spicebush Loop Apopka, FL 32712</u>	<u>OWNER</u>
<u>Emmanuel Ballenilla</u>	<u>2608 Spicebush Loop Apopka, FL 32712</u>	<u>OWNER</u>

6. LEVEL OF SERVICE: ☐ WHEELCHAIR ☐ STRETCHER ☒ BOTH7. COMMUNICATIONS EQUIPMENT: ☒ TELEPHONE ☐ TWO-WAY RADIO ☐ OTHERa. If other, please describe: Dispatch Software communication

Revision Date: 07/25/2017

**SECTION II: REQUISITES TO OBTAINING LICENSE****1. PAYMENT OF ALL APPLICABLE FEES:**

☒ YES, DATE: \_\_\_\_\_ ☐ NO

**2. VEHICLE INSPECTION COMPLETED BY EMS OFFICE:**

☐ YES, DATE: \_\_\_\_\_ ☐ NO

**3. REFERENCES/LETTERS OF SUPPORT SUBMITTED TO EMS OFFICE (Attachment I):**

- ☒ Verifiable business or work references for 5 years, including one notarized letter of reference
- ☒ Five verifiable personal/business references, including two notarized letters of reference
- ☒ Five verifiable credit references, including two notarized letters of reference

**4. CURRENT NOTARIZED FINANCIAL STATEMENT SUBMITTED TO EMS OFFICE:**

☐ YES, DATE: \_\_\_\_\_ ☐ NO

*Example: Current letter from bank verifying business account status (no account numbers please).*

**5. PROOF OF INSURANCE SUBMITTED TO EMS OFFICE:**

☒ YES, DATE: \_\_\_\_\_ ☐ NO

**SECTION III: VEHICLES AND STAFFING**

**1. NUMBER OF VEHICLES IN OPERATION:** 1

**2. EMPLOYEE ROSTER:**

<u>NAME</u>	<u>CURRENT CPR CARD (Y/N)</u>
<u>Ernesto Ballenilla Jr</u>	<u>Y</u>
<u>Jay Arcaine</u>	<u>Y</u>
<u>Luke Cannataro</u>	<u>Y</u>
_____	_____

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## ATTACHMENT I: REFERENCES

1. List previous business experiences or work history for last five years. Submission of one notarized letter of reference from list below is required.

Advent Health Orlando	2001-Current

2. List five personal or business references. Submission of two notarized letters of reference from list below is required.

NAME	ADDRESS	PHONE
Robin Ortega	601 E. Rollins St Orlando, FL 32803	407-303-1549
Rafael Acosta	2765 Spirebrush Loop Apopka, FL 32712	407-257-2010
Jose Perez	2161 Eagles Rest Dr Apopka, FL 32712	407-470-9667
Mariah Rajcala	2100 Ocoee Apopka Rd, Apopka, FL 32703	352-216-6437
Ronald Mayer	13524 Virginia Ave, Astatula, FL 34705	407-252-2048

3. List five credit references. Submission of two notarized letters of reference from list below is required.

NAME	ADDRESS	PHONE
Apopka Water Utilities	150 E 5th St, Apopka, FL 32703	407-703-1727
Duke Energy	P.O. Box 1094 Charlotte, NC 28201	800-700-8744
Verizon Wireless	410 E. Altamonte Dr #1000, Altamonte Springs, FL 32701	689-316-0015
State Farm	801 FL-436 #1031, Altamonte Springs, FL 32714	407-647-5006
State Farm	801 FL-436 #1031, Altamonte Springs, FL 32714	407-647-5006



**PARATRANSIT SERVICES:**  
**APPLICATION FOR LICENSE**

I, the undersigned representative of the service named in this application, do hereby attest the information provided in this application is truthful and honest to the best of my knowledge, and that my service meets all of the requirements for operation of a paratransit services in Orange County and the State of Florida. I acknowledge that as provided in Orange County Code of Ordinances Chapter 20, Division 3, Section 20-137, licenses obtained by an application in which any material fact was intentionally omitted or falsely stated are subject to revocation.

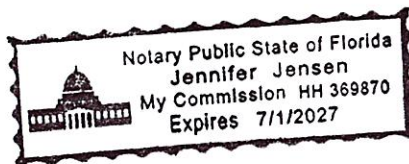
A handwritten signature in black ink, appearing to be "EBM", written over a horizontal line.

SIGNATURE OF APPLICANT OR REPRESENTATIVE

10-6-2025

DATE

NOTARY SEAL



A handwritten signature in blue ink, appearing to be "J Jensen", written over a horizontal line.

NOTARY SIGNATURE

Driver's License