

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 SEP 18 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L66906

1. Corporation Name

J. M. TRANSPORTATION, INC.

2. Principal Office Address

6885 N.W. 25 STREET

3. Mailing Office Address

6885 N. W. 25 STREET

Suite, Apt. #, etc.

SUITE #3

Suite, Apt. #, etc.

SUITE #3

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33122

Country

U. S. A.

Zip

33122

Country

U. S. A.

4. Date Incorporated or Qualified
To Do Business in Florida

04/20/1990

5. FEI Number

65-0189944

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02-03

7. Name and Address of Current Registered Agent

Name

JOHN ARIAS

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

6885 N. W. 25 STREET

800023235768

09/22/03--01045--013 **300.00

Suite, Apt. #, Etc.

SUITE #3

City

MIAMI

State

FL

Zip Code

33122

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

(Handwritten Signature)

REGISTERED AGENT MUST SIGN

Date

9/03/03

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 | JOHN ARIAS | 6885 N. W. 25 STREET, SUITE #3 | MIAMI, FLORIDA 33122 |
| VP | MARIA C. ARIAS | 6885 N. W. 25 STREET, SUITE #3 | MIAMI, FLORIDA 33122 |
| | | | |
| | | | |
| | | | |

(Handwritten Signature)

10. 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *(Handwritten Signature)*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN ARIAS

Date

9/03/03

Daytime Phone #

CR2E081 (10/02)



September 15, 2003

Florida Department of State
Attn: Sean Toner
Tallahassee, Fl 32314

Subject: L66906 (J.M. TRANSPORTATION, INC.)

Dear Sirs:

Enclosed please find check # 21170 in the amount of \$300.00
according to the above subject.

Thank you very much for your kindly cooperation.