

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JUN -4 PM 8:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000007837

1. Corporation Name
ANEA Transport Inc

2. Principal Office Address - No P.O. Box #

2133 Turmeric

Suite, Apt. #, etc

3. Mailing Office Address

Ave

Suite, Apt. #, etc.

City & State

Orlando

City & State

FL

Zip

Country

32837

Zip

Country

500181720515

06/07/10--01001--015 **750.00

REINSTATEMENT

CR2E081 (6/10)

06-10

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

202176812

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Alberto Carrillo

Street Address (P.O. Box Number is Not Acceptable)
2133 Turmeric Ave

Suite, Apt. #, Etc.
Orlando FL 32837

City

State
FL

Zip Code

*Notice not received, previously
rejected on 5/19/10. SP7.

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

Date

REGISTERED AGENT MUST SIGN

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	Alberto Carrillo	2133 Turmeric Ave	Orlando FL 32837

6/4

10. E-mail Address: **nobeida66@hotmail.com**

(To be used for future annual report notification)

11. 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, further certify, 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:

[Signature]

06/04/10

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #