

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 AUG 18 AM 9: 02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P06000124315

1. Corporation Name

Gio's Transport, Inc.

500159425485  
08/18/09--01048--006 \*\*1050.00

**REINSTATEMENT** 02-09  
CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #  
5677 SW 142nd Avenue

3. Mailing Office Address  
P.O. Box 520613

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Miami, Florida

City & State  
Miami, Florida

Zip Country  
33183 USA

Zip Country  
33152 USA

4. Date Incorporated or Qualified  
To Do Business In Florida 09/28/2006

5. FEI Number 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  
Adolfo Escobar

Street Address (P.O. Box Number is Not Acceptable)  
5677 SW 142nd Avenue

Suite, Apt. #, Etc.

City State Zip Code  
Miami FL 33183

The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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 06/19/09

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
Pdte	Adolfo Escobar	5677 SW 142nd Avenue	Miami, Fl. 33183
VP	Ihosvany Escobar	72 SW 132nd Court	Miami, Fl. 33184

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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/19/2009

Date

305-200-4714

Daytime Phone #