

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAY 16 AM 10:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

995000083950

1. Corporation Name

A&P Consulting Transportation
Engineers Corp.

100020046111
05/28/03--01065--023 **158.75

2. Principal Office Address

10305 NW 41 ST.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite 115

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33178

Country

Dade

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1/17/1995

5. FEI Number

65-0770583

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 ANTONIO G. ACOSTA

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

10305 NW 41 STREET

Suite, Apt. #, Etc.

Suite 115

City

Miami

State

FL

Zip Code

33178

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

Antonio G. Acosta

REGISTERED AGENT MUST SIGN

Date 5/13/2003

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
PD	ANTONIO G. ACOSTA	353 SW 133A	MIAMI, FL 33184
VPD	CARLOS H. PEREZ	10423 NW 56 Ter.	MIAMI, FL 33178
SD	CARLOS M. GIL	13280 SW 39 Ter	MIAMI, FL 33175

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:

Antonio G. Acosta

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 219-4718

5/13/2003

Date

Daytime Phone #

CR2E081 (10/02)

gs/str