PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 MAY 15 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000033074

1. Corporation Name

AUTOTRANSPORT INTERSTATE INC.

2. Principal Office Address - No P.O. Box #		**3.** Mailing Office Address	
9332 SW 6th LANE		5175 JUNE IVEY RD NW	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
MIAMI FL		BETHLEHEM GA	
Zip	Country	Zip	Country
33174	DADE	30620	WALTON

CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida: JUNE-12-1996

5. FEI Number: 65-0666883 ☐ 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: LINA HIDALGO

Street Address (P.O. Box Number is Not Acceptable): 9332 SW 6th LANE

Suite, Apt. #, Etc.:

City: MIAMI State: FL Zip Code: 33174

☐ 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 05-09-07

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
CEO	LINA HIDALGO	9332 SW 6th LANE	MIAMI FL 33174
CFO	ALFONSO HIDALGO	5175 JUNE IVEY RD NW	BETHLEHEM GA 30620
SECR	LINA HIDALGO	9332 SW 6th LANE	MIAMI FL 33174
		REINSTATEMENT 00-02	

500103284205
05/25/07--01015--003 **8.75

500103284205
05/25/07--01015--002 **1800.00

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: _____ ALFONSO HIDALGO 05-09-07 770-616-2421

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #