

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S32843**

1. Corporation Name

FLORIDA TRANSPORTATION, INC.

Principal Place of Business

4521 NW 2ND ST.
MIAMI, FL 33126

Mailing Address

4521 NW 2ND ST.
MIAMI, FL 33126

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 01

4. Date Incorporated or Qualified
To Do Business in Florida

02/12/1991

5. FEI Number

59-3058104

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	TIRADO, NICOLAS	4521 NW 2ND ST	MIAMI FL
V	ESCOBAR, ANDRES C.	18742 NW 54TH PLACE	MIAMI FL

200004658292--8
-10/30/01--01006--021

****758.75 ****758.00
758.75

8. Name and Address of Current Registered Agent

ESCOBAR, ANDRES C.
18742 N.W. 54TH PLACE
MIAMI FL 33055

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Andres C. Escobar
ANDRES C. ESCOBAR
REGISTERED AGENT MUST SIGN

Date

10/13/01

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 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:

Nicolas Tirado
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/13/01

(305) 443-4525

CR2E040 (8/01)