PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

V06282

FILED
99 FEB -5 PM 2:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name V06282

O.C. Transport, Inc.

Principal Place of Business	Mailing Address
830 E. 28th St. Hialeah, Fl 33013	830 E. 28th St. Hialeah, Fl 33013

If above addresses are incorrect in any way, line through incorrect information and

REINSTATEMENT 1998.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

Date Incorporated or Qualified To Do Business [redacted] 1/13/92

5. FEI Number 65-0306756 — 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	Francisco Cruz	830 E. 28 St Hialeah, Fl	Hialeah, Fl 33013
DS	Leslie Cruz	830 E. 28 St.	Hialeah, Fl 33013
DVP	Orlando E. Castaneda	5267 SW 112 Ave.	Miami Fl 33142

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*****150.00 *****750.00

8. Name and Address of Current Registered Agent

Francisco O. Cruz
830 E. 28th St.
Hialeah, Fl 33013

9. Name and Address of New Registered Agent

Name: Marili Canco, Esq.
Street Address (P.O. Box Number is Not Acceptable): 75 Valencia Ave #420
Suite, Apt. #, Etc.:
City: Coral Gables | State: FL | Zip Code: 33134

CR2E081 (12/98)

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: Marili Canco — REGISTERED AGENT MUST SIGN — Date: 1/29/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 1/28/99 — Daytime Phone #: 305 262 3250