## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT 01 OCT 29 PM 1: 45 P00000062015 DOCUMENT # SECRETARY DE STATE TALLAHASSEE, FLORIDA 1. Corporation Name #1 SOURCE TRANSPORTATION, INC. Principal Place of Business Mailing Address 7845 NW 185 STREET 7845 NW 185 STREET MIAM! FL 33015 MIAMI FL:33015 If above addresses are incorrect in any way, line through incorrect information and enter correction below 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified
 To Do Business in Florida 06/26/2000 Suite, Apt. #, etc. Suite, Apt. #, etc. FEI Number City & State City & State \$8.75 Additional Fee require for a Certificate of Status Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director Title(s) City / State / Zip <del>PD</del> CEPERO, CARMEN 7845 NW-185-STREET MIAMI FL 33015 9845 NW 185 ST. /VPD CEPERO. HECTOR MIAM! FL 33015 TD CEPERO, JESUS 956 WEST 43 PL. HIALEAH FL 33012 200004691552 -11/21/01--01090--006 \*\*\*\*150.00 \*\*\*\*150.00

> 9. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.

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.

CEPERO, HECTOR

7845 NW 185 STREET MIAMI FL 33015

REGISTERED AGENT MUST SIGN

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 filling 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.

Name

SIGNATURE:

8. Name and Address of Current Registered Agent

Zip Code

Applied For

Not Applicable

October 19, 2001

Lef: #1 Lourse Transfortation, Dec.

Lector, Cepero
1:845 W. W. 185 St.

Miani, Pla. 33015

Posimul # 1000000 62 015

Slovida Deft of State Tallahouser, Dla.

Sentleman: As per letter seceived from your office informing and dissolution of the Conforation, due to the cuform, desert " was not fail timely, we want to inform, that the is the first time, that we file a Conforation and me was not dware of this animaly fragment me are new in husiness, and me are sen sorn for this incommence, we appreciate your left in this situation, and please accept and payment of own a sure that this will not lappen again, a we explain our assure that this will not lappen again, a we explain our economy is very tied, and it is well had for as examined to pay that amount reported me ded not fay before because to pay that award rejuncted me ded not fay before because he did not brould ge of this fayment as explained.

Analysis to be favored with our petition,

Sveiely,

\* Lector Cepino