

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 APR 22 PM 3:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M 81645

1. Corporation Name  
URRA TRANSPORT, INC.

2. Principal Office Address  
6902 36 Ave S

3. Mailing Office Address  
PO BOX 2512

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Tampa, FL

City & State  
Brandon, FL

Zip Country  
33619 Hillsborough

Zip Country  
33509 hillsborough

4. Date Incorporated or Qualified  
To Do Business in Florida 5/16/88

5. FEI Number  
59-2889548

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 02-04

7. Name and Address of Current Registered Agent

Name  
Jesse M. Urra  
Street Address (P.O. Box Number is Not Acceptable)  
2807 Bellwood Drive  
Suite, Apt. #, Etc.

500033540375  
04/22/04--01023--027 \*\*108.75

City State Zip Code  
Brandon FL 33511-7141

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 4/20/04

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
Pres.	Jesse M. Urra	2807 Bellwood Drive 2807 Bellwood Drive	Valrico, Fl. 33511
V.P.	Beatriz Urra	2807 Bellwood Drive	Valrico, Fl. 33511
Treas	Vivian Urra	6902 36th Avenue, South	Tampa, Fl. 33619

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/04

Date

813-690-9363

Daytime Phone #

CR2E081 (07/04)