

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000150047

1. Entity Name
A & A CARE TRANSPORTATION INC.



FILED

06 MAR 28 AM 11:07

Principal Place of Business
1331 N.E. 158TH STREET
NORTH MIAMI BEACH, FL 33162

Mailing Address
1331 N.E. 158TH STREET
NORTH MIAMI BEACH, FL 33162



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03142006 REIN-P CR2E098 (11/05)

4. FEI Number
06-1720003

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DELVA, ARNOLD F
1331 N.E. 158TH ST.
NORTH MIAMI BEACH, FL 33162

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
DELVA, ARNOLD F
1331 N.E. 158TH ST.
N. MIAMI BEACH, FL 33162 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000069550900
04/05/06--01042--023 **300.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
GERVAIS, ARNOLD
1331 N.E. 158TH STREET
NORTH MIAMI BEACH, FL 33162 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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TITLE
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STREET ADDRESS
CITY-ST-ZIP
REINSTATEMENT 05-06 ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #