

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000099022

1. Corporation Name

BUDGET AUTO TRANSPORT, INC

2. Principal Office Address
1820 W 53 ST

3. Mailing Office Address
1820 W 53 ST

Suite, Apt. #, etc.
519

Suite, Apt. #, etc.
519

City & State
HIALEAH, FL

City & State
HIALEAH, FL

Zip
33012

Country
USA

Zip
33012

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida 09/10/2003

5. FEI Number
651203102

Applied For
Not Applicable

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

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name
RENE MORALES

Street Address (P.O. Box Number is Not Acceptable)
1820 W 53 ST

Suite, Apt. #, Etc.
519

City
HIALEAH, FL

State
FL

Zip Code
33012

REINSTATEMENT

06-07

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

MORALES
REGISTERED AGENT MUST SIGN

Date 12/20/2006

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
P	RENE MORALES	1820 W 53 ST	HIALEAH, FL 33012

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 contained in Chapter 119, 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:

MORALES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RENE MORALES

12/20/2006

Date

786-295-3666

Daytime Phone #