


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000124744

1. Entity Name
ONE CALL TRANSPORT, CORP.



FILED
08 DEC 1 PH 2: 24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
2125 NW 79TH AVENUE
DORAL, FL 33122

Mailing Address
11492 NW 69TH TERRACE
DORAL, FL 33178

2. Principal Place of Business - No P.O. Box #
821 MESSINA AVE

3. Mailing Address
SAME

Suite, Apt. #, etc.

City & State
Coral Gables FL

City & State

Zip
33134

Country
DADE

11262008 REIN-P CR2E098 (1/07)

4. FEI Number Applied For Not Applicable

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

5. Name and Address of Current Registered Agent

ECHAURI, DAMIAN JR.
11492 NW 69TH TERRACE
DORAL, FL 33178

7. Name and Address of New Registered Agent

Name
DAMIAN ECHAURI JR.

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

City
CORAL GABLES FL

Zip Code
33134

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 *Damian Echa* 11-26-08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2009, Fee will be \$300.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ECHAURI, DAMIAN JR. 11492 NW 69TH TERRACE DORAL, FL 33178	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	NEW ADDRESS! 821 MESSINA AVE CORAL GABLES FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	000139040160 12/16/08--01003--008 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 *Damian Echa* 11-26-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

DEC 1 = 2008