

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 15 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F02000000528

1. Corporation Name

CEMTRANS, INC.

Principal Place of Business

Mailing Address

6585 N.W. 113TH WAY
PARKLAND FL 33076

6585 N.W. 113TH WAY
PARKLAND FL 33076

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

6570 N.W. 74th Dr.

3. New Mailing Office Address, If Applicable

6570 N.W. 74th Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Parkland, FL

City & State

Parkland, FL

Zip

33067

Country

USA

Zip

33067

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/28/2002

5. FEI Number

23-2814930

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	GARCIA, PEDRO L	6585 NW 113TH WAY 6570 NW 74th Dr	PARKLAND FL 33067

8. Name and Address of Current Registered Agent

GARCIA, JUDY
6570 NW 74TH DR.
PARKLAND FL 33067

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Judy Garcia

REGISTERED AGENT MUST SIGN

Date 10/22/03

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 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

Pedro L Garcia

Date 10/22/03

Daytime Phone #

(954)
341-0690