ZOOS A/C PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

				7 .	FILED	100
CORPOR	RATION		DEPARTMENT OF STATE ecretary of State	f	- 1.06	
REFINE	EMENT TO THE RESERVE		SION OF CORPORATIONS	05.5	SEP-8 PH 4:06	
		2005			HE LARY OF STATE	
DOCUMENT # L 2990				TALL	CHEINKY OF STATE AHASSEE, FLORIDA	
Miami	Mini Bus Tre	:]		•		
9822 NE drue #3						
MIRMI FL 33138					أما	
2. Principal Office	_	3. Mailing Office Address		1 /W/	W	
	IE ZAVE	9822 NE 20VE			" 4113	
Suite, Apt. #, etc.	LITE #3	Suite, Apt. #, e	_	4. Date incorpora		
City & State	Lite #3	Suite # 3 City & State		To Do Busines	ss in Florida ///3/8	· · · · · · · · · · · · · · · · · · ·
mioni	FL	Mism	n Pl	5. FEI Number 65021	2045	Applied For Not Applicable
Zip	Country	Zip	Country	6	S8.75 Add	tional Fee required
33138	DADE	33138		<u> </u>	for a Ces	tificate of Status
7. Name and Address of Current Registered Agent Name						
-	FILS-AIME DANIEL Street Address (P.O. Box Number is Not Acceptable)				905945937 0501047002 **	:3 (158), 75
She	9822 NE DAVE)501047002 ***	.10:1:10
Suite. Apr. #, Etc. Suite # 3						
City				I .	State Zip Code FL 33/38	
0 1 1 1 1 1 1 1 1	MIAMI		And the second s			
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 REGISTERED AGENT MUST SIGN					Date 8/30/05	<u> </u>
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	
PJ	DANIEL FILS-AIME 9822 NE 2AV			5#3 Migmi Fl 33/38		
						
 						
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10. It 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 filling 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

8/30/05 305759-2021



MIAMI MINI BUS & MOTORCOĂ TRANSPORTATION SERVICE, INC.

9822 N.E. 2nd Avenue #3 • Miami, FL 33138, Miami, Florida • Tel: (305) 759-2221 • Fax: (305) 759-0800

Wheel Chair Service

Excursions

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Sightseeing

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Clinics

Nursing Homes, etc.

Transfer

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Special Transportation

August 31, 2005

Department of State

Florida Division of Corporations

Corporate Filings

P. O. Box 6327

Tallahassee, FL 32314

RE: Document # L29903 - Miami Mini Bus Transportation Service, Inc.

Dear Sir:

In reference to Document # L29903 for Miami Mini Bus Transportation Service, Inc.: I did not receive notification of renewal. I also called the Division's office to discuss the renewal notification. Currently, I have tried but was unable to download the form to waive the penalty from the Division's website. I would greatly appreciate it if you would accept this request to waive the \$400.00 penalty. Thank you very much.

Sincerely,

Daniel Fils-Aime

President

Enclosure