PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 MAY 18 PM 5: 48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 62922

1. Corporation Name

A.A.R.TRANSPORTATION CORP.

2. Principal Office Address
9999 N.W. 89TH AV.

Suite, Apt. #, etc.
BAY #6

City & State
Medley Fla.

Zip 33178   Country DADE

3. Mailing Office Address
P.O. Box 126548

Suite, Apt. #, etc.

City & State
Hialeah Fla.

Zip 33012   Country DADE

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number | Applied For
                     | Not Applicable

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

7. Name and Address of Current Registered Agent

Name   Adan Romeo

Street Address (P.O. Box Number is Not Acceptable)   111 S.W. 96 TERR.

Suite, Apt. #, Etc.

City   Pembroke Pines | State FL | Zip Code 33025

600.00 - Adm
61.25 AR
88.75 ARSupp

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 5-15-01

CR2E081 (9/00)

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
Pres.	Eva.L. Alvarez	111 s.w. 96 ter.	Pembroke Pines Fl. 33025
			800004425378---1 -06/18/01--01125--012 ****600.00 ,****600.00
		REINSTATEMENT 00-01(178	
			800004425378---1 -06/18/01--01125--013 ****150.00 ****150.00

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 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: _____   5/15/01   305-863-9600

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