

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 SEP 18 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L66906

1. Corporation Name

J. M. TRANSPORTATION, INC.

2. Principal Office Address

6885 N.W. 25 STREET

Suite, Apt. #, etc.

SUITE #3

City & State

MIAMI, FL

Zip

33122

Country

U. S. A.

3. Mailing Office Address

6885 N. W. 25 STREET

Suite, Apt. #, etc.

SUITE #3

City & State

MIAMI, FL

Zip

33122

Country

U. S. A.

REINSTATEMENT 02-03

4. Date Incorporated or Qualified
To Do Business in Florida

04/20/1990

5. FEI Number

65-0189944

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

JOHN ARIAS

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

6885 N. W. 25 STREET

Suite, Apt. #, Etc.

SUITE #3

City

MIAMI

State

FL

Zip Code

33122

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

9/03/03

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	JOHN ARIAS	6885 N. W. 25 STREET, SUITE #3	MIAMI, FLORIDA 33122
VP	MARIA C. ARIAS	6885 N. W. 25 STREET, SUITE #3	MIAMI, FLORIDA 33122

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)(l), 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: *[Handwritten Signature]*

JOHN ARIAS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/03/03

Daytime Phone #

CR2E081 (10/02)



September 15, 2003

Florida Department of State
Attn: Sean Toner
Tallahassee, Fl 32314

Subject: L66906 (J.M. TRANSPORTATION, INC.)

Dear Sirs:

Enclosed please find check # 21170 in the amount of \$300.00
according to the above subject.

Thank you very much for your kindly cooperation.