

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 FEB 22 AM 11:46

DOCUMENT # *M28163*

1. Corporation Name

TRANSPORTATION ASSET HOLDING, INC.

100089299691
02/27/07--01010--020 **900.00

REINSTATEMENT

02-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #

11000 NW 29 STREET

3. Mailing Office Address

11000 NW 29 STREET

Suite, Apt. #, etc.

#201

Suite, Apt. #, etc.

#201

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33172

Country

USA

Zip

33172

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/28/86

5. FEI Number

65-0037095

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

CARLOS PERDOMO

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

11000 NW 29 STREET

Suite, Apt. #, Etc.

#201

City

MIAMI

State

FL

Zip Code

33172

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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 02/19/07

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
PRESI DENT	CARLOS PERDOMO	11000 NW 29 ST. #201	MIAMI, FL. 33172
SECRE TARY	CARLOS PERDOMO	11000 NW 29 ST. #201	MIAMI, FL. 33172

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 contained in Chapter 119, 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

02/19/07

Date

305-591-7595

Daytime Phone #