

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 APR 22 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M 81645

1. Corporation Name

URRA TRANSPORT, INC.

2. Principal Office Address
6902 36 Ave S

3. Mailing Office Address
PO BOX 2512

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Tampa, FL

City & State
Brandon, FL

Zip
33619

Country
Hillsborough

Zip
33509

Country
hillsborough

**4. Date Incorporated or Qualified
To Do Business in Florida** 5/16/88

5. FEI Number
59-2889548

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

Jesse M. Urra

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

2807 Bellwood Drive

Suite, Apt. #, Etc.

City

Brandon

State

FL

Zip Code

33511-7141

500033540375
04/22/04--01023--027 **108.75

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 4/20/04

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.	Jesse M. Urra	2807 Bellwood Drive 2807 Bellwood Drive	Valrico, Fl. 33511
V.P.	Beatriz Urra	2807 Bellwood Drive	Valrico, Fl. 33511
Treas	Vivian Urra	6902 36th Avenue, South	Tampa, Fl. 33619

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/04

Date

813-690-9363

Daytime Phone #

CR2E081 (01/04)