


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

16 AUG -9 AM 9:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N47289  
1. Corporation Name  
  
HISPANIC TRANSIT SOCIETY OF DADE COUNTY, INC.

2. Principal Office Address - No P.O. Box #  
646 NW 208TH WAY  
Suite, Apt. #, etc.

3. Mailing Office Address  
P.O. BOX 441778  
Suite, Apt. #, etc.

City & State  
PEMBROKE PINES, FLORIDA

City & State  
MIAMI, FLORIDA

Zip Country  
33029 BROWARD

Zip Country  
33144-1778 MIAMI-DADE

000288926440  
08/09/16--01016--003 \*\*237.50  
CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida  
02-12-1992

5. FET Number  
37-1531504

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  
GUILLERMO MARTINEZ


Street Address (P.O. Box Number is Not Acceptable)  
10729 SW 104TH STREET  
Suite, Apt. #, Etc.

City State Zip Code  
MIAMI FL 33176

REINSTATEMENT

2015 2016

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.

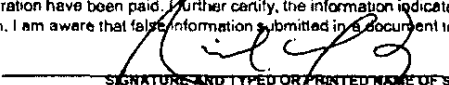
Signature of Registered Agent  Date 8-8-16  
REGISTERED AGENT MUST SIGN

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	RICARDO LOPEZ	646 NW 208TH WAY	PEMBROKE PINES, FL 33029
VP	JAVIER JULIO	1541 SW 137 AVE # 202	MIAMI, FL. 33177
VP	WILLIAM VASQUEZ	17518 SW 143 PL	MIAMI, FL. 33177
VP	ANTONIO A. SARMIENTO	2110 SW 122 AVE # 4	MIAMI, FL. 33175
S	OTTO RIVERA	111 NW 3RD ST	HOMESTEAD, FL. 33030
T	SERGIO CALERO	14031 SW 154 CT	MIAMI, FL. 33196

10. E-mail Address: GMARTINEZ@TAX-DOCTOR.NET  
(To be used for future annual report notification)

11. 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., and that all taxes owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
8-8-16 305 237 9288  
DATE

RICARDO LOPEZ, PRESIDENT

HAWKES  
AUG 16 9 48 AM  
WINNER