

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P 000000 12147

1. Corporation Name

DENAVA TRANSPORT, INC

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

16142 SW 45TR

Suite, Apt. #, etc.

3. Mailing Office Address

SAWE

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

Zip

Country

Zip

Country

33185

US

7. Name and Address of Current Registered Agent

Name

Rector D Rodriguez

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

16142 SW 45TR

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33185

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

4/28/10

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
D	Rector D Rodriguez	16142 SW 45TR	MIAMI FL 33185
D	Rebecca Rodriguez	16142 SW 45TR	MIAMI FL 33185

10. E-mail Address:

(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., that all fees 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.

SIGNATURE:

[Signature] Rector D Rodriguez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/28/10 (305) 804-1047

Daytime Phone #

FILED

10 MAY -4 PM 5:08

DEPT. OF STATE
ALBUQUERQUE, FLORIDA

200180239012
05/04/10--01035--024 **193.75
CR2E081 (4/10)

4. Date Incorporated or Qualified
To Do Business in Florida

2/1/2000

5. FEI Number

650978246

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

PROFIT CORPORATIONS ONLY

☐ The \$600.00 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.