

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 MAR 26 PM 4:00

DOCUMENT # P00000071972

1. Corporation Name

Amor Transportation, Inc.

2. Principal Office Address

440. S. Park Rd  
Suite, Apt. #, etc.  
107

City & State

Hollywood

Zip -

33021

Country

Broward

3. Mailing Office Address

440. S. Park Rd  
Suite, Apt. #, etc.  
107

City & State

FL

Zip

33021

Country

Broward

4. Date Incorporated or Qualified  
To Do Business in Florida

7-28-01

5. FEI Number

65-1026889

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

Sam Ben-Amor

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

440. S. Park Rd

Suite, Apt. #, Etc.

Hollywood

City

FL

State

FL

Zip Code

33021

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

Sam Ben-Amor

Date 12-25-01

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
Pres	Solomon Ben Amor	Same as the above	

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:

Sam Ben-Amor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-14-02

Daytime Phone #

CR2E081 (9/00)