

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE



Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

FILED

02 OCT 25 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000081216

1. Corporation Name

ELVI TRANSPORT, CORP.

Principal Place of Business

10782 SW 61 TERRACE
MIAMI FL 33173

Mailing Address

10782 SW 61 TERRACE
MIAMI FL 33173

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address; If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address; If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/25/2000

5. FEI Number

65-1035400

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	FUENTES, ELOY	10782 SW 61 TERRACE	MIAMI FL 33173

6000008600276
10/25/02--01108--026 **158.75

10/21/02

8. Name and Address of Current Registered Agent

FUENTES, ELOY
10782 SW 61 TERRACE
MIAMI FL 33173

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

519-
10/21/02 (305) 1201

CR2040 (802)

ELVI TRANSPORT, INC.
10782 S. W. 61 Terrace
Miami, Florida 33173

October 21, 2002

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Reference: FEI Number 65-1035400

To Whom It May Concern:

Please be advised, I never received any notice from your department for renewal status. I was shocked when I received this notice. Please be assured that this was not received and enclosed find a check in the amount of \$158.75. For reinstatement \$150.00 and for your Certificate of Status, \$8.75.

Your prompt attention will be very much appreciated.

Sincerely,


Eloy Fuentes
President

