

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR 10 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #: P00000085259

1. Corporation Name

CIDRA TRANSPORT, INC.

2. Principal Office Address

3936 S. SEMORAN BLVD #108 32822 USA

Suite, Apt. #, etc.

#108

City & State

Orlando FL

Zip

32822

Country

USA

3. Mailing Office Address

3936 S. SEMORAN BLVD #108 32822 USA

Suite, Apt. #, etc.

#108

City & State

Orlando FL

Zip

32822

Country

USA

600013727416

03/10/03--01054--013 **300.00

4. Date Incorporated or Qualified

To Do Business in Florida 9/5/2000

5. FEI Number

59-3669599

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

Helin Quinn

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

3936 S. SEMORAN BLVD #108

Suite, Apt. #, Etc.

#108

City

Orlando

State

FL

Zip Code

32822

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

Helin R Quinn

Date

3/6-03

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
OP	Helin Quinn-R	3936 S. SEMORAN BLVD #108	Orlando FL 32822
OU	Machuca ROSA	3936 S. SEMORAN BLVD #108	Orlando FL 32822

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:

Helin R Quinn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/6/03

Daytime Phone #

407 244 422 9942

CR2001 (9/01)

gt 3/11