

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



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

02 DEC 13 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000087009**

1. Corporation Name

LARNET TRANSPORTATION, INC

2. Principal Office Address

1200 WEST 61 PLACE

Suite, Apt. #, etc.

3. Mailing Office Address

N/A

Suite, Apt. #, etc.

City & State

HALEAH, FL

City & State

Zip

33012

Country

USA

Zip

Country

REINSTATEMENT 01-02

4. Date Incorporated or Qualified
To Do Business in Florida

SEPT 13, 2000

5. FEI Number

65-1039475

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

NETTIE BETANCOURT

300009505733

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

1200 WEST 61 PLACE

12/13/02--01056--006 **\$90.00

Suite, Apt. #, Etc.

City

HALEAH

State

FL

Zip Code

33012

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

Nettie Betancourt

Date

12/9/02

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/T/S	NETTIE BETANCOURT	1200 W 61 PL	HALEAH, FL 33012

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:

Nettie Betancourt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/9/02
Date

305-819-6891
Daytime Phone #

CR2E081 (9/01)