

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000087009

1. Corporation Name

LAZNET TRANSPORTATION, INC.

Principal Place of Business

Mailing Address

1200 WEST 61 PLACE  
HIALEAH FL 33012

1200 WEST 61 PLACE  
HIALEAH FL 33012

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/13/2000

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PTS	BETANCOURT, NETTIE	1200 WEST 61 PLACE	HIALEAH FL 33012

800024332848

10/31/03-01052-012 \*\*150.00

*Brule*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BETANCOURT, NETTIE  
1200 WEST 61 PLACE  
HIALEAH FL 33012

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

*Nettie Betancourt* SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/27/03

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:

*Nettie Betancourt* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #


10/27/03 305-819-4891

CR2E040 (7/03)

LAZNET TRANSPORTATION, INC.  
1200 w 61 Pl.  
Hialeah, Fl. 33012

Dear Sr.

We did not receive the two prior UBR forms notices.

Thank you  
  
Nettie Betancourt  
President.