

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 DEC -2 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P 01000007200*

1. Corporation Name

ELITE TRANS. SERVICE, INC

2. Principal Office Address

4450 S.W. 5th St

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33134

Country

U.S.

3. Mailing Office Address

4450 S.W. 5th St

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33134

Country

U.S.

REINSTATEMENT 02-03

**4. Date Incorporated or Qualified
To Do Business in Florida**

01/19/2001

5. FEI Number

65-1069747

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

OHAR VELEZ

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

4450 S.W. 5th St

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code

33134

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

REGISTERED AGENT MUST SIGN

Date

Nov - 26 - 2003

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

OHAR VELEZ

4450 S.W. 5th St

MIAMI, FL 33134

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nov - 26 - 2003 (305) 986-6261

Date

Daytime Phone #

CR2E081 (10/02)