

PLEASE READ ALL INSTRUCTIONS BEFORE C

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 30 AM 9:21

DOCUMENT # P01000009514

1. Corporation Name

A & A TRANSPORTATION SYSTEM, INC.

2. Principal Office Address

7101 WEST 24 AVE

3. Mailing Office Address

Suite, Apt. #, etc.

4

Suite, Apt. #, etc.

City & State

HIALEAH, FL

City & State

Zip

33016-6520

Country

Zip

Country

000075196140
05/24/06--01007--017 **1350.00

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

☒ 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

ALEJANDRO A ALONSO

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

7101 WEST 24 AVE

Suite, Apt. #, Etc.

4

City

HIALEAH

State

FL

Zip Code

33016-6520

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

Date 04/15/06

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
PD	ALEJANDRO A ALONSO	7101 WEST 24 AVE	HIALEAH, FL 33016-6520

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 contained in Chapter 119, 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

04/15/06

Date

(786) 258-2107

Daytime Phone #