PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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REINSTATEMENT				ORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS			FILLED PH 2:27 OH MAR 26 PH 2:27 SECRETATION OR TO REPORT OR TO REPO			
DOCUMENT # P01000019200 1. Corporation Name							TAL	LAHAS	9. F. C.	
Y & J 130 N	TRANSPO .W 58 CT. i, FL 33126					RE			vent <u>r</u>	
2. Principal 130 N.W	Office Address 58 CT.		3. Mailing Office Address 130 N.W 58 CT.				03/20	5/04	3 1281050 01086007 **30	0.00
Suite, Apt. #,	, etc.		Suite, Apt. #, etc.			4. Date Incom				
City & State Miami, F	-		City & State Miami, FL				5. FEI Number 651078	er	Ap	olied For
Zip 33126	Country U.S.A		zър 33126		Country U.S.A		6. CERTIFICATI	E OF STATU	SB.75 Additional for a Certificat	Fee required
	Name Jesus A. Street Addres			ame and A	Address of Curren	it negister	ea Agent			
	Street Address (P.O. Box Number is Not Acceptable) 130 N.W 58 CT. Suite, Apt. #, Etc.						**************************************	<u> </u>	-, -, -, -, -, -, -, -, -, -, -, -, -, -	
	City Miami							State FL	Zip Code 33126	
8. I, being Signature of Registered	f	egistered agent of the ab	ove named danger			ccept the o	biligations of sect	ion 607.05	3-23-04	
9. Names	and Street Add	resses of Each Officer ar	nd/or Director (Flo	rida nonpr	ofit corporations m	ust list at le	east 3 directors)			
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			h or	City / State / Zip		
director	Jesus A. Gutierrez			130 N.W 58 CT				Miami, FL 33126		
officer	Yasmina (- -	130 N.W 58 CT			Miami, FL 33126				
owed t on this	by the corporation is to	flicer or director or the rec lication, the reason for di- on have been paid and th- rue and accurate, and my	é nameá of ipdivid	Lucis listed	on this form do no	t quality for	r an exemption ur ler oath.	napter 607 ts of section der section	or 617, F.S. I further certify that w in 607,0401 or 617,0401, F.S., the in 119.07(3)(i), F.S. The informatio 305-265-4400	then filing at all fees in indicated
SIGNA	IUHE:	NATURE AND TYPED OR	RINTED NAME OF	SIGNING O	FFICER OR DIRECT	OR		Date	Daytime Phone #	·

March 23, 2004

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Attention: Reinstatement Office

Re: Corporation Name - Y & J Transport INC.

Document Number - P01000019200

FEI Number - 651078742

To whom it may concern:

Please be advised that the above described Corporation was administrative terminated on 09/19/2003 for non payment of The Annual Report. However, the payment of the annual report was not made because I never received the Annual Report Form. Looking in the internet for information on this problem I discovered that my company mailing address has the wrong street name and therefore probably the form was mailed to the wrong address. The mailing address you have on file is 130 N.W 58 ST and the correct address is 130 N.W 58 CT. For this reason, I would like for you to consider waiving the penalty fee for the reinstatement of my corporation. Enclose is the reinstatement form completed and a \$300.00 check for my company to be reinstated as soon as possible.

If you have any questions, you may contact me during the day at (305-265-4400).

Please, I am looking forward to your prompt attention on this problem, and thank you for your attention and concern to this matter.

Sincerely,

Jesus A. Gutjerrez

Director