

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 FEB 23 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT *03-04*

100029203371
02/23/04--01031--022 **900.00

DOCUMENT # P01000043164

1. Corporation Name

TOLEDO TRANSPORT CORP.

2. Principal Office Address

11364 S.W 180 STREET

3. Mailing Office Address

1150 N.W. 72ND AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

555

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33157

Country

Zip

33126

Country

U.S.A

4. Date Incorporated or Qualified

To Do Business in Florida 04-2001

5. FEI Number

65-1111624

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

FRANK TOLEDO

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

11364 S.W 180 STREET

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33157

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

Frank Toledo

REGISTERED AGENT MUST SIGN

Date 02-16-04

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/D	FRANK TOLEDO	11364 S.W 180 STREET	MIAMI, FL. 33157

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:

Frank Toledo

Frank Toledo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-16-04

Date

305-994-7533

Daytime Phone #

CR2E081 (01/04)

TH