

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILE
05 MAR 27 2006

DOCUMENT # P01000063485 JENNY TRANSPORT CORP

1. Corporation Name

W06-12207

2. Principal Office Address
17101 NW 57 AVE

3. Mailing Office Address
17101 NW 57 AVE

Suite, Apt. #, etc.
111

Suite, Apt. #, etc.
111

City & State
OPA LOCKA

City & State
OPA LOCKA, FL 33055

Zip
33055

Country
DADE

Zip
33055

Country
DADE

4. Date Incorporated or Qualified
To Do Business in Florida

2001

5. FEI Number
65-1115868

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
PEDRO RODRIGUEZ

Street Address (P.O. Box Number is Not Acceptable)
17101 NW 57 AVE

Suite, Apt. #, Etc.
111

City
OPA LOCKA

State
FL

Zip Code
33055

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
03/09/06

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	PEDRO RODRIGUEZ	17101 NW 57 AVE SUITE 111	OPA LOCKA, FL 33055
			600069440076 - 04/04/06--01053--004 **1000.00
			600069440076 04/04/06--01053--005 **350.00

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

03/09/06

Date

786-258-1696

Daytime Phone #