2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # PQ100C068798 1. Entity Name AGUIRRE TRANSPORTATION, CORP.					FIL 05 OCT 14	- 	C
Principal Place of Business 245 SW 12TH STREET POMPANO BEACH, FL 33060 Mailing Address 245 SW 12TH S POMPANO BEACH POMPANO BEACH POMPANO BEACH			060		SECRE A TALLAHEIST		1148) A 1401
621 SE 5th STREET 6		3. Mailing Address 621 SE 575 Suite, Apt. #, etc.	GZÍSE 5º STREET		SEATE	CFZEO98 (6794)))) })>5~
	PANO BEACH, FL	City State POMPANO B	EACH F	4. FEI Numb	er	Ap	plied For t Applicable
Zip 33 (^{Zip} 33060	Country		of Status Desired	S8.75 Add Fee Required	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name 0						-	
Letter Le					ENRIQU	16	
245 SW 12TH STREET POMPANO BEACH, FL 33060			Street Ad	ddress (P.O. Box Numb	er is Not Acceptable)	LEE T	
			City	Pompano	BEACH	FL Zip Code	060
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE ACUPUL ON ENGINEER HOUSE HOUSE 10/01/05 Signature, typed or/furnied name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00				· · · · · ·	In accordance wit corporation did no	th s. 607.193(2)(b), lot receive the prior n	F.S., the notice.
10.	OFFICERS AND I		11.	ADDITIONS	CHANGES TO OFFIC	ERS AND DIRECTORS	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AGUIRRE, ENRIQUE 245 SW 12TH STREET POMPANO BEACH, FL 33060	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAGUIRAE, E 621 SE 5 POMEANO	NRIQUE IM STREET BEACH, FE	⊠ Change 33060	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		006063 05010640	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME		☐ Delete	TITLE			☐ Change	Addition
STREET ADDRESS City-St-Zip			NAME STREET ADDRESS CITY-ST-ZIP				
		☐ Delete	STREET ADDRESS			☐ Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied with on this report or supplemental report is	□ Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition

Indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Dayline Phone #

2002

AGUIRRE TRANSPORTATION CORP. 621 SE 5TH STREET POMPANO BEACH, FL 33060 PHONE (561) 902-8345

Tuesday, October 11, 2005

Division of Corporation

This is to certify that we have not received any annual report documentation and because of that we are filing late. Please wave the penalties.

Sincerely,

Enrique Aguirre

President