

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN -6 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 801 000086450

1. Corporation Name

MMMJ Transportation, Inc.

2. Principal Office Address

3501 W. Vine St

Suite, Apt. #, etc.

Suite No. 290

City & State

Kissimmee

Zip

34741

Country

Osceola

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

9/1/01

5. FEI Number

45-0475299

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

Eduardo Fagundes

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

7830 Indian Ridge trail South

Suite, Apt. #, Etc.

City

Kissimmee

State
FL

Zip Code

34747

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

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
President Director of operations	Eduardo Fagundes Leonard Cruzado	7830 Indian Ridge Trl. 3501 W. Vine St Suite No 290	Kissimmee, FL 34747 Kissimmee, FL 34741

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Leonard Cruzado

12/1/02

407-870-5553

2/1/8

CR2E081 (9/01)

MMMJ TRANSPORTATION

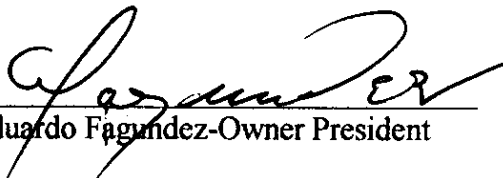
3501 W. Vine St. Suite No. 290 Kissimmee, FL 34741

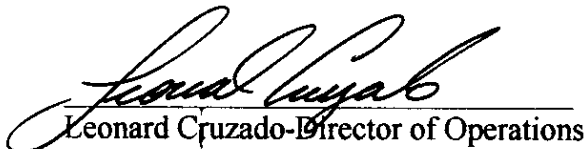
December 1, 2002

To Whom It May Concern:

This letter serves as confirmation to inform you, that we did not received the two prior uniform business report notices sent to us via US Mail. We are requesting to have our company reinstated at the current rate without penalty of \$150.00. In addition, we have change our mailing address to our new business address to prevent this matter from happening again in the future.

Thanks for your cooperation.


Eduardo Fagundes-Owner President


Leonard Cruzado-Director of Operations