

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 NOV 20 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000094517

1. Corporation Name

BAMA TRANSPORT, INC.

2. Principal Office Address - No P.O. Box #
3235 SW 64 AVE

3. Mailing Office Address
4065 N. Haverhill Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami FL

City & State
West Palm Beach FL

Zip
33155

Country
USA

Zip
33417

Country
USA

REINSTATEMENT 03-07
CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida
09-27-2001

5. FEI Number
65-1064799

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
MARIA A SANTANA

Street Address (P.O. Box Number is Not Acceptable)
3235 SW 64 AVE

Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33155

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date **11/05/2007**

REGISTERED AGENT MUST SIGN

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	MARIA A SANTANA	3235 SW 64 AVE	MIAMI, FL. 33155

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11/20/07--01007--018 **758.75

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

11/05/2007

Date

786-333-7411

Daytime Phone #