

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

02 NOV -1 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000096355

1. Corporation Name

DEL VALLE TRANSP.SERV. INC.

Principal Place of Business

14210 SW 23RD LANE
MIAMI FL 33175

Mailing Address

14210 SW 23RD LANE
MIAMI FL 33175



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

10/03/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1143318

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

Zip

Country

Zip

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PVST	DEL VALLE, JOSE A	14210 SW 23RD LANE	MIAMI FL 33175

200008753342
11/01/02 01025 018 **150.00

Handwritten signature

8. Name and Address of Current Registered Agent

DEL VALLE, JOSE Z
14210 SW 23RD LANE
MIAMI FL 33175

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

Handwritten signature

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/27/02

11. 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:

Handwritten signature

SIGNATURE REQUIRED

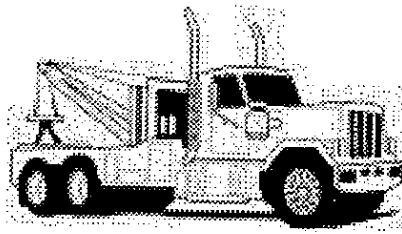
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Del Valle 10/27/02 (305) 216-0672

CR2040 (8/02)



Del Valle Transport Service Inc.

14210 SW 23rd Lane

Miami, Fl. 33175

(305) 216-0672

(305) 216-0673

October 28, 2002

*Florida Department of State
Jim Smith
Secretary of State
Division of Corporations*

To whom it may concern:

We recently received an Administrative Dissolution or Revocation Notice.

This letter is to inform you that Del Valle Transport Service never received the yearly Uniform Business Report for the year of 2002. We will immediately send a check for the corresponding amount.

Thank you in advanced for your corporation in this matter.

Sincerely,

*Jose Del Valle
President*