

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT 17 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000100242

1. Corporation Name

Jorge's Transport, Inc.

2. Principal Office Address

3045 S 78th st

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33619

Country

USA

3. Mailing Office Address

3045 S 78th st

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33619

Country

USA

REINSTATEMENT

03

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/15/2001

5. FEI Number

59-3751442

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

Jorge Cabeza

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

3045 S 78 th ST

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33619

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

Jorge Cabeza

REGISTERED AGENT MUST SIGN

Date 10/8/2003

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	Jorge Cabeza	3045 S 78th st	Tampa, FL 33619
V. S	Mariela Cabeza	3007 N Habana ave apt b	Tampa, FL 33607

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:

Mariela Cabeza

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/8/2003 813-623-2372

Date

Daytime Phone #

CR2E01 (10/02)

7/15/20