

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 -4 PM 5:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000113264

1. Corporation Name

CERTIFIED TRANSPORT INC.

Principal Place of Business

18216 NW 35 COURT
MIAMI FL 33056

Mailing Address

18216 NW 35 COURT
MIAMI FL 33056

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/29/2001

5. FEI Number

36-4482690

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
CEO	HERNANDEZ, JUAN J	18216 NW 35 COURT	MIAMI FL 33056
P/T	HERNANDEZ, RIZEIDA	18216 NW 35 COURT	MIAMI FL 33056
V	VALLEJOS, JOSEPH M	18216 NW 35 COURT	MIAMI FL 33056
S	HERNANDEZ, ROXANNE	18216 NW 35 COURT	MIAMI FL 33056

100008791701
11/04/02--01107--006 **150.00

8. Name and Address of Current Registered Agent

HERNANDEZ, JUAN J
18216 NW 35 COURT
MIAMI FL 33056

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11-1-02

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:

SIGNATURE REQUIRED
Rizeida Hernandez

Date

Daytime Phone #

(305)
11-1-02 620-9388

CR2040 (8/02)

**CERTIFIED TRANSPORT, INC.
18216 NW 35 COURT
MIAMI, FLORIDA 33056**

November 1, 2002

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314-6327

To whom it may concern;

I would like to inform your division that Certified Transport, Inc. did not receive the two prior uniform business report (UBR) notices.

Enclosed is the signed Application for Reinstatement and check for the amount of \$150.00. I apologize for any inconvenience this may have caused.

If you have any further questions, please feel free to contact me at 305-620-9388.

Sincerely,



Rizeida-Hernandez
President