

2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

04 NOV 19 PM 3:50

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P02000017438

1. Entity Name
JPD TRANSPORT, INC.



Principal Place of Business
20790 SW 129 PL
MIAMI, FL 33177

Mailing Address
20790 SW 129 PL
MIAMI, FL 33177

REINSTATEMENT 09



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11172004 REIN-P CR2E098 (6/04)

4. FEI Number 04-3611793
~~APPLIED FOR~~

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIAGO, JUAN PABLO
20790 SW 129 PL
MIAMI, FL 33177

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

JUAN PABLO DIAGO

11-17-04

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	DIAGO, JUAN PABLO	
STREET ADDRESS	20790 SW 129 PL	
CITY-ST-ZIP	MIAMI, FL 33177	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	DIAGO, JULIANA	
STREET ADDRESS	20790 SW 129 PL	
CITY-ST-ZIP	MIAMI, FL 33177	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	000042897320	
STREET ADDRESS	11/19/04--01031--011	
CITY-ST-ZIP	**150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

[Signature]

JUAN PABLO DIAGO, PRES- 11-17-04

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #