

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

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<b>CORPORATION REINSTATEMENT</b>		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P02000025236</b>			
1. Corporation Name AMERICA TRANSPORT CORPORATION			
2. Principal Office Address 878 Bella Vista Way Suite, Apt. #, etc.		3. Mailing Office Address 878 Bella Vista Way Suite, Apt. #, etc.	
City & State Orlando, Florida		City & State Orlando, Florida	
Zip 32825	County	Zip 32825	County

300030500093  
03/16/04--01004--017 \*\*308.75**REINSTATEMENT** 03/04

4. Date Incorporated or Qualified To Do Business in Florida	March/01/02
5. FEI Number 600 00 2735	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name Darwin J. Perez			
Street Address (P.O. Box Number Is Not Acceptable) 878 Bella Vista Way			
Suite, Apt. #, Etc.			
City Orlando		State FL	Zip Code 32825

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

March/08/04

CR0601 (01/04)

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	Darwin J. Perez	878 Bella Vista Way	Orlando, FL 32825
T/S/V	Iris J. Perez	878 Bella Vista Way	Orlando, FL 32825

10. I certify that I am an officer or director or the receiver of 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:

Darwin J. Perez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

B

March/08/04 (321) 961-1333

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AMERICA TRANSPORT CORPORATION  
878 BELLA VISTA WAY  
ORLANDO, FLORIDA . 32825  
office(321)961 - 1338  
cell (267)972-7917

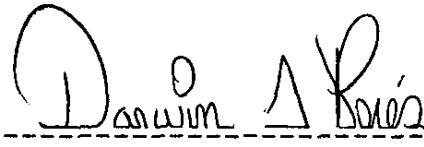
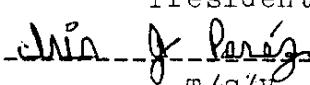
March 08 ,2004

FLORIDA DEPARTMENT OF STATE  
Division of Corporation  
P.O. Box 6327  
Tallahassee , Florida.32314

ToWho May I Concern;

This letter is to inform you that AMERICA TRANSPORT CORPORATION / Document # P02000025236, last year 2003 had a change of address and we never receive your report on time in the new address. Can you please check and corret the new information. Now for this year i speak we costumer service and they talked me to send this apllication for Corporation Reinstatement. And a check for \$300.00 dollars +\$ 8.75 for Certificate of status.

Thank you for your time,

  
\_\_\_\_\_  
President  
  
\_\_\_\_\_  
T/S/V