

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
04 MAY -4 PM 3:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** P02000027611

**1. Corporation Name**

GEMINIS TRANSPORT, CORP.

**2. Principal Office Address**

15745 NW 52 AVE

**3. Mailing Office Address**

15745 NW 52 AVE

Suite, Apt. #, etc.

104

Suite, Apt. #, etc.

104

**City & State**

Miami, Florida

**City & State**

Miami, FL

**Zip**

33014

**Country**

U S A

**Zip**

33014

**Country**

USA

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

**5. FEI Number**

04-3618331

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**

PEREZ, RAMON

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

15745 NW 52 AVE

**Suite, Apt. #, Etc.**

104

**City**

MIAMI

**State**

FL

**Zip Code**

33014

**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**

REGISTERED AGENT MUST SIGN

**Date**

4/28/04

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

<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
PD	PERE, RAMON	15745 NW 53 AVE #104	MIAMI FL 33014

**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:**

RAMON PEREZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date**

4/28/04

**Daytime Phone #**

(786)295-2144

CR2E081 (01/04)

19282

April 28, 2004

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Document No. P02000027611  
GEMINIS TRANSPORT, CORP.

To whom it may concern,

I, Ramon Perez, President of Geminis Transport Corp. am writing this letter to ask you to accept the reinstatement of my corporation above mentioned with the payment of \$150.00.

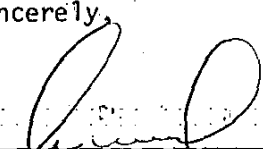
The reason of my request is that I sent the annual report for 2003 with the required fee and the check was cashed by you. This year I did not receive the 2004 Annual Report and when I try to down load the report from the Internet I was unable to do it. It said that my corporation had been dissolved. When I called your office I was told that additional information had been requested and since I did not sent it it was dissolved.

I want to let you know that I never received the request for additional information, so please, accept my payment with the reinstatement form.

I can not afford to pay a higher fee,

Hoping you will take all the facts into consideration and make me this big favor.

Sincerely,

  
GEMINIS TRANSPORT  
RAMON PEREZ - PRESIDENT