

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 NOV 13 AM 11:32

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P02000049902

1. Corporation Name

J. FURLANO TRANSPORT, INC.

Principal Place of Business

Mailing Address

14095 STATE ROAD 7
DELRAY BEACH FL 33448

14095 STATE ROAD 7
DELRAY BEACH FL 33448



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

05/06/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

04-3658879

Not Applicable

Zip

Country

Zip

Country

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
D	FURLANO, JOSEPH	P.O. BOX 480312	DELRAY BEACH FL 33448
			000024620340 11/13/03--D1011--009 **758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RUTHERFORD, MULHALL & WARGO, P.A.
2600 N MILITARY TRAIL, FOURTH FLOOR
BOCA RATON FL 33431

Name has
changed

Name

Rutherford Mulhall P.A.

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

2600 N. Military Trail, Fourth Floor

Suite, Apt. #, Etc.

FOURTH FLOOR

City

Boca Raton

State

FL

Zip Code

33431

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]

REGISTERED AGENT MUST SIGN

Date 11-05-03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] Joseph DeLuca
11/11/03 5614410589

Date

Daytime Phone #

CR20040 (7/03)