

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P02000052775**

1. Corporation Name

**COQUI TRANSPORTATION, INC.**

Principal Place of Business

Mailing Address

**919 SE 8 TERRACE #7  
CAPE CORAL FL 33990**

**919 SE 8 TERRACE #7  
CAPE CORAL FL 33990**

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

**05/09/2002**

5. FEI Number

**27-0012010**

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
<b>D</b>	<b>PAGAN, MAYDA</b>	<b>919 SE 8 TERRACE #7</b>	<b>CAPE CORAL FL 33990</b>

**500024189405**  
**10/28/03--01016--019 \*\*150.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**PAGAN, MAYDA  
919 SE 8 TERRACE #7  
CAPE CORAL FL 33990**

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

*Mayda Pagan*  
REGISTERED AGENT MUST SIGN

Date

**10/22/03**

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:

*Mayda Pagan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**10/22/03**

Daytime Phone #

FILED

03 OCT 28 PM 3:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

03

CR2E040 (7/03)



Phone: (941) 278-0247 • Fax: (941) 278-1655  
Mail: 12620 World Plaza Lane, Suite 2 • Fort Myers, FL 33907  
Internet: GFDiii@aol.com

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October 17, 2003

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

RE: Coqui Transportation, Inc.  
UBR for 2003

Dear Division of Corporations:

Our client, Mayda Pagan, President of Coqui Transportation, Inc. brought in the notice of Administrative Dissolution or Revocation from your office. This is the first notice she has received about the corporation since she incorporated on May 9, 2002. She did not receive the Annual Business Report in January, or any subsequent notices that you may have sent out to her. We respectfully request that you reinstate this corporation and allow her to pay the fee of \$150 for the year to bring her back to active status.

If you have any questions, please feel free to contact me.

Sincerely,

*Susan J. Davis*  
Susan J. Davis, CPA

*Mayda Pagan*  
Mayda Pagan, President