

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 DEC 15 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000065686

1. Corporation Name
A Martin Transportation, Inc.

2. Principal Office Address
340 16 St SE

3. Mailing Office Address
- same -

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Naples, FL

City & State

Zip 34117 **Country** Collier

Zip **Country**

REINSTATEMENT

CR2E08T (8/05)

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

5. FEI Number
74-3049103

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 Rafael A. De Fera

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

540 16 St SE

000082633310

Suite, Apt. #, Etc.

12/13/06-01032-013 7-8510.00

City Naples

State FL **Zip Code** 34117

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**

[Signature]

Date 12/14/06

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	Rafael A. De Fera	540 16 th St SE	Naples, FL 34117
T	Alberto Martin	540 16 St SE	Naples, FL 34117
S	Mania Martin	540 16 St SE	Naples, FL 34117

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/14/06 239-455-6732

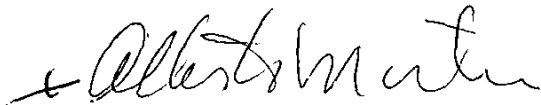
Date

Daytime Phone #

FLORIDA DEPT. OF STATE
ANNUAL REPORT DEPT.

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AS PER OUR CONVERSATION I'M SENDING 308.75 FOR MY
ANNUAL REPORT, SINCE I NEVER RECEIVED THE REPORT. I HAD NOTIFY
YOUR OFFICE OF MY ADDRESS CHANGE AND IT SEEMS THAT IT WAS
NEVER CHANGED. I THANK YOU IN ADVANCE FOR THE WAIVE OF THE
LATE FEE.



THANKING YOU IN ADVANCE,