

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1092

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

03 OCT 21 PH 1:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000102488

1. Corporation Name

ALL POINT TRANSPORTATION SERVICE INC.

REINSTATEMENT

Principal Place of Business

Mailing Address

255 EAST 34TH ST.  
HIALEAH FL 33013

255 EAST 34TH ST.  
HIALEAH FL 33013



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

4. Date Incorporated or Qualified  
To Do Business in Florida

09/23/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

43-1975768

Applied For

Not Applicable

City & State

City & State

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	ULLOA, ELIER	255 EAST 34TH ST.	HIALEAH FL 33013

0000023964710  
10/21/03--01038--017 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ULLOA, ELIER  
255 EAST 34TH ST.  
HIALEAH FL 33013

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

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 10-14-03

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-14-03

CR2ED40 (7/03)

20f2

October 14, 2003

Division of Corporations  
Annual Report / Reinstatement Section  
P O Box 6327  
Tallahassee, FL 32314-6327

Re: All Point Transportation Service Inc.

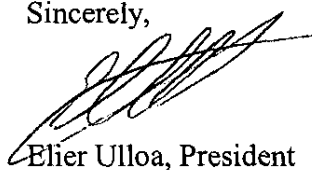
Dear Sirs:

Prior notices of the UBR for the Corporation of reference were never received by us.  
We are, therefore, requesting reinstatement of the Corporation.

Enclosed please find check in the amount of \$150 for the corresponding annual fee.

We apologize for the inconvenience this may have caused.

Sincerely,



Elier Ulloa, President

Division of Corporations  
P O Box 6327  
Tallahassee, FL 32314-6327