PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PPLICATION -FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

FILED

03 MOV 17 PM 1:55

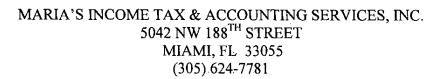
			CANAL ALL MANY MANY	HE WAS	CORPORATIONS	_	00 1104 1	/ FN 1.33	
DOCU	UMENT				8020001204	31	SCULETAI TALLAHAS	RY OF STATE SEE, FLORIDA	
NATIO	NWIDE 1	TRANSPORT S	ERVICE, I	NC.				*6.21	
Principal Place of Business			Mailing Addr	Mailing Address			los Goius	043 \$150.00	
2888 WEST 75 STREET HIALEAH FL 33018 If above addresses are incorrect in any way, line the			2888 WEST 75 STREET HIALEAH FL 33018		c.				
						 			
2. New Principal Office Address, If Applicable			3. New Mailing Office Address, if Applicable.			Date incorporated or Qualified To Do Business in Florida			
Suite, Apt. #, etc.			Suite, Apt. #,	etc	3	11/11/2002 5_FET Number Applied For			
City & State			City & State			37 WW 8/5-3 T Not Applicable			
Zip	ĺ	Country	Zip		Country	CERTIFICATE	OF STATUS DESIRED	S8.75 Additional Fee require for a Certificate of Status	
7. Names a	and Street Add	resses of Each Officer and	d/or Director (Flo	rida nonprof	it corporations must list at lea	st 3 directors)			
Title(s)	2	Name of Officers and/or Directors		3	Street Address of Each Officer and/or Director		City / State / Zip		
PIVP	P ORTIZ, RAUL & SY-			2888 WEST 75 STREET			HIALEAH FL 33018		
F	ORTIZ, RAUL # JR.			2888 WEST 75 STREET			HIALEAH FL 33018		
		,							
					Ass. S. Sans. S.				
			. <u></u>						
	8. Name and Address of Current Registered Agent			nt		9 Name and A	Address of New Registered Agent		
				Name				·	
ORTIZ, RAUL JR. 2888 WEST 75 STREET						P.O. Box Number	is Not Acceptable)		
HIALEAH FL 33018					Suite, Apt. #, Etc.				
					City			State Zip Code	
10. I, being	appointed the	registered agent of the ab	ove named corpo	eration, am fa	amiliar with and accept the of	oligations of Section	on 607.0505, F.S. or 6	<u> </u>	
Signature o Registered	of Agent	Zail Dit	REGISTERED AC	FINE MOST	CISTER TO D		Date	13/03	
this rein	istatement app	fficer or director or the rec	eiver or trustee, en solution has been	npowered to eliminated,	execute this application as p the corporate name satisfies	the requirements	of section 607.0401 o	further certify that when filing r 617.0401, F.S., that all fees	

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

Daytime Phone #



November 13, 2003

Division of Corporations
Annual Report/Reinstatement Section

P. O. Box 6327

Tallahassee, FL 32314-6327

RE: P02000120431

Dear Sir/Madam:

I just got off the phone with your office. According to your office the reason why the corporation was Dissolution was due to the fact the FEIN was never reported on the Annual Report.

As of today, we have not received any notification that this information was missing. On October 8, 2003, someone from your office informed us that the company had been dissolution due the fact that no check was ever received. I mailed a copy of the cancelled check, front and back, on October 16, 2003. Now, it turns out that your office has had the check all along and were just missing the FEIN.

Please update you records to reflect that the FEIN for this company is: 37-1448153.

Thank you.

Maria Cernadas

Accountant

MC/ms

cc: Nationwide Transport Service were proportion and supply described and the supply of the supply o

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