

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

2006 SEP 18 PM 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000121193

1. Corporation Name

Ramirez Transport, Inc.
W06000039359

2. Principal Office Address

15361 SW 303 St.

Suite, Apt. #, etc.

City & State

Homestead, FL

Zip

33033

Country

US

3. Mailing Office Address

15361 SW 303 St.

Suite, Apt. #, etc.

City & State

Homestead, FL

Zip

33033

Country

US

CR2E081 (12/05)

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

11-13-02

5. FEI Number

06-1660481

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

Fernando Ramirez

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

15361 SW 303 St.

Suite, Apt. #, Etc.

City

Homestead

State

FL

Zip Code

33033

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

Fernando Ramirez
REGISTERED AGENT MUST SIGN

Date 8/31/06

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
D	Fernando Ramirez	15361 SW 303 St.	Homestead, FL 33033

B 9/19/06
REINSTATEMENT 04-06

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 contained in Chapter 119, 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:

Fernando Ramirez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/31/06
Date

786-243-1123
Daytime Phone #

PASTRAN, P.A., CPA'S

A PROFESSIONAL ASSOCIATION OF CERTIFIED PUBLIC ACCOUNTANTS

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September 1, 2006

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

- Re: Ramirez Transport, Inc. -----
Document #P02000121193

To Whom It May Concern:

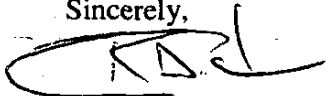
Enclosed please find a completed reinstatement form for the above corporation. This corporation was administratively dissolved October 1, 2004.

The corporation never received the 2004 annual report notice, nor the notice of dissolution and were unaware they had not filed and paid each year. It appears the Division of Corporations does not have the correct address. Their current address is shown on the reinstatement form.

We respectfully request that the Division waive the reinstatement fee and accept their payment in the amount of \$450.00 as payment of the annual reports for 2004, 2005 and 2006.

If you have any questions, please contact us.

Sincerely,



Raul E. Pastran, CPA
Pastran, PA, CPA's

Encls:
REP:mf