

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P03000004059**

1. Corporation Name

JG TRANSPORTATION INC.

2. Principal Office Address - No P.O. Box #

27952 SW 159th

Suite, Apt. #, etc.

City & State

HOMESTEAD, FL

Zip

33031

Country

USA

3. Mailing Office Address

27952 SW 159th

Suite, Apt. #, etc.

City & State

HOMESTEAD FL

Zip

33031

Country

USA

7. Name and Address of Current Registered Agent

Name

Jorge O. Martinez

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

27952 SW 159 CT

Suite, Apt. #, Etc.

City

HOMESTEAD

State

FL

Zip Code

33031

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

320052423

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

REINSTATEMENT

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

REGISTERED AGENT MUST SIGN

Date **5-19-10**

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	Jorge J. Fuentes	27952 SW 159 th	HOMESTEAD, FL 33031
NP	JORGE O. MARTINEZ	27952 SW 159 CT	HOMESTEAD FL 33031

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-19-10

Date

Daytime Phone #

FILED

2010 MAY 21 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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