


# 2004 FOR PROFIT CORPORATION REINSTATEMENT

10/2

DOCUMENT # P03000024525		
1. Entity Name J.T.S. TRANSPORT INC.		

**FILED**

04 NOV 12 AM 10:02

03/24/09 90078 007 1500  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 1298 W 79 ST HIALEAH, FL 33014	Mailing Address 1298 W 79 ST HIALEAH, FL 33014
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

10232004 REIN-P CR2E098 (6/04)	4. FEI Number 13-4243614	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
LOPEZ, JORGE 1298 W 79 ST HIALEAH, FL 33014	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$750.00**  
**After January 1, 2005, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOPEZ, JORGE 1298 W 79 ST HIALEAH, FL 33014 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**REINSTATEMENT**

*[Handwritten signature]*  
11/23

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* Jorge Lopez 10-25-04 305-5250265  
Date Daytime Phone #

2002

J.T.S. TRANSPORT INC.  
1298 West 79<sup>th</sup> Street  
Hialeah, Fl. 33014  
Tel: (305) 525-0265

October 25, 2004

Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl. 32314

Ref: Document Number: P03000024525-

To whom it may concern:

This is to inform you that I never received the CORRECTION LETTER you send to me on March 2004, and by this, I ask that my penalty be waived. Attached is the reinstatement application completed.

Thank You,



Jorge Lopez (President)