

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

112

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 FEB 14 AM 11:27

DOCUMENT # **P03000026902**

1. Corporation Name

TITA SCHOOL BUS, INC

2. Principal Office Address

13550 NW 97 AVE

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Hialeah Gardens, FL

City & State

Zip

33018

Country

U.S.A

Zip

Country

REINSTATEMENT

04-06

CR2E081 (8/05)

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

5. FEI Number

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

MORA Nelly D

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

13550 NW 97 AVE

Suite, Apt. #, Etc.

City

Hialeah Gardens, FL

State

FL

Zip Code

33018

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

Nelly Mora
REGISTERED AGENT MUST SIGN

Date **2/10/2006**

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
PDT	MORA Nelly D	13550 NW 97 AVE	Hialeah Gardens, FL 33018
VD	NIEBLES Luis	13550 NW 97 AVE	Hialeah Gardens, FL 33018

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 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:

x Nelly Mora
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/06 705-819-0009
Date Daytime Phone #

2/10/06

2/2

January, 10, 2006

Uniform Business Report
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Re: Uniform Business Report & Reinstatement
TITA SCHOOL BUS, INC
P03000026902

Dear Sirs:

Attached please find Business Report and Reinstatement for above mention Corporation and check in the amount of \$ 458.75

We did not receive the 2004/2005 business report in time to file. Please accept the attached Check in the amount of \$ 458.75 for 2004, 2005 and 2006 Uniform Business Report and Certificate of Status. Please, waive the fee for reinstatement.

If further information is needed please contact me phone number 786-346-7479


Nelly D Mora
President

13550 NW 97 Avenue