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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED

06 APR 19 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100073520641
05/01/06--01059--011 **450.00

DOCUMENT # P03000035311

1. Corporation Name

J A South Florida Transport Inc

2. Principal Office Address		3. Mailing Office Address	
2162 NW 18 Terr		2162 NW 18 Terr	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Miami, FL		Miami, FL	
Zip	Country	Zip	Country
33125	Dade	33125	Dade

REINSTATEMENT 4-06

4. Date Incorporated or Qualified To Do Business in Florida 03/28/2003

5. FEI Number 510455413 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 Alexis Obregon

Street Address (P.O. Box Number is Not Acceptable) 2162 NW 18 Terr

Suite, Apt. #, Etc.

City Miami, State FL Zip Code 33125

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 *[Signature]* Date 04/13/2006

REGISTERED AGENT MUST SIGN

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	Alexis Obregon	2162 NW 18 Terr	Miami, FL 33125

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]* President Date 04/13/2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

B. Mitchell APR 21 2006

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April 14, 2005

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

Re: P03000035311

Attn: Renewal Dept:


Gentlemen:

In reference to the above mentioned corporation, please be advised that we never received the renewal notice.

We contacted your renewal department and they advised us to write a letter and specify what happened and to submit the original annual fee and you would renew the corporation.

Your cooperation in this matter is anticipated and appreciated.

Thank you,
J A South Florida Transport Inc



Alexis Obregon
President