

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000045263

1. Entity Name  
ACE TRANSPORT EXPRESS, INC.



Principal Place of Business  
POST OFFICE BOX 830305  
MIAMI, FL 33283

Mailing Address  
POST OFFICE BOX 830305  
MIAMI, FL 33283

FILED

05 APR 21 PM 2:26

04/18/04 9:05 AM 019 1500  
SECRETARY OF STATE  
FLORIDA  
41-2091579

2. Principal Place of Business

3. Mailing Address

04142005 REIN-P CR2E098 (6/04)

4. FRI Number

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ACEBAL, JULIA  
5931 S.W. 151ST COURT  
MIAMI, FL 33193

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME ACEBAL, JULIA  
STREET ADDRESS 5931 SW 151ST COURT  
CITY-ST-ZIP MIAMI, FL 33193

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME 500054222205  
STREET ADDRESS 05/10/05--01078--001 \*\*150.00  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Julia Acebal 4/13/05 786-258-3664

April 10, 2005

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

RE: ACE TRANSPORT EXPRESS, INC.  
P03000045263

To Whom It May Concern:

As per our telephone conversation with your agent, we are writing to you to request a one-time waiver to renew the above corporation, along with a \$150 payment for the year 2005, as instructed.

As stated to your agent, we have paid the annual report but the form was returned to us due to the FEI number missing. We immediately returned the form with the information. We are in the trucking business and spend most of the year away, when I returned I did not find another correspondence from your agency. I am sending, as requested, a reinstatement form along with \$150 for the 2005 annual return.

We would appreciate any help you can provide. Thanking you for your consideration.

Sincerely,

A handwritten signature in cursive script, appearing to read "Julia Acebal".

Julia Acebal  
President