

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

pg 10f2

FILED

2006 DEC 18 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000050692

1. Corporation Name

DEAN TRANSPORT

W06-50383

2. Principal Office Address

16261 SW 285ST

3. Mailing Office Address

16261 SW 285ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOMESTEAD

City & State

HOMESTEAD

Zip

33033

Country

USA

Zip

33033

Country

USA

CR2E081 (12/05)

05-06

4. Date Incorporated or Qualified
To Do Business in Florida

05-01-2003

5. FEI Number

161665831

☒ 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

HERNANDEZ, ROBERT

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

16261 SW 285ST

Suite, Apt. #, Etc.

City

HOMESTEAD

State

FL

Zip Code

33033

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

Robert C. Hernandez

Date

11/13/06

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 |
|--------|--------------------------------------|---|---------------------|
| PSTD | ROBERT HERNANDEZ | 16261 SW 285ST | HOMESTEAD, FL 33033 |
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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:

Robert C. Hernandez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/13/06

Daytime Phone #

12/18/06

TO: REINSTATEMENT CORPORATION DEPARTMENT
FLORIDA DEPARTMENT OF STATE / DIVISION OF CORPORATION

FROM: ROBERT HERNANDEZ
DEAN TRANSPORT

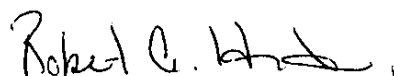
DATE: NOVEMBER 13, 2006

RE: REINSTATEMENT

I HAVE NOT RECEIVED ANY NOTICES FOR ANNUAL REPORTS OR ANY REPORTS FOR THAT MATTER. I PUT IN FOR A CHANGE OF ADDRESS IN MARCH 2005; HOWEVER, I DIDN'T RECEIVE ANYTHING BEFORE THAT OR AFTER.

PLEASE WAIVE THE REINSTATEMENT FEE OF \$600.00.

RESPECTFULLY,



ROBERT HERNANDEZ