

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

P9 10F2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JAN 25 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P03000110518**

1. Corporation Name

J.V.N. TRANSPORT, INC.

W06-4469

2. Principal Office Address

2200 OAK DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address

2200 OAK DRIVE

Suite, Apt. #, etc.

City & State

FORT PIERCE FI

Zip Country
34949 USA

City & State

FORT PIERCE FI

Zip Country
34949 USA

RECEIVED
CR2E081 (12/05)

04-06

4. Date Incorporated or Qualified
To Do Business in Florida

10/07/2003

5. FEI Number

20-0298938

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JACINTO AGRAMONTE

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

2200 OAK DRIVE

Suite, Apt. #, Etc.

City

FORT PIERCE

State

FL

Zip Code

34949

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]

REGISTERED AGENT MUST SIGN

Date **01/24/06**

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
D	JACINTO AGRAMONTE	2200 OAK DRIVE	FORT PIERCE, FI 34949

3000064855413
01/31/06--01008--001 **1050.00

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/24/06

Date

561-722-0858

Daytime Phone #

Jan 23 06 06:08p

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J.V.N. Transport, Inc.
2200 Oak Drive
Fort Pierce, FL 34949
Office (561)722-0858
Fax (772)464-2677

January 23, 2006

To Whom It May Concern:

This letter is to state the non-receipt of the annual report notices in the year of dissolution.

Being a first time business owner and incorporated didn't knew the procedure and I was not aware of the need of a renewal on a yearly bases and did not received any notice on the mail.

Thank you for your understanding in this matter.

Sincerely,



Jacinto Agramonte.
Director