

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

10 NOV -5 AM 11:19

DOCUMENT #

P03000150837

1. Corporation Name

JT MORENO TRANSPORT CORP.

2. Principal Office Address - No P.O. Box #

11323 SW 157 Place

3. Mailing Office Address

Same as physical

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Zip

33196

Country

United States

Zip

Country

800187501358

11/05/10--01041--005 \*\*900.00

CR2E081 (6/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

12/12/2003

5. FEL Number

45-0529059

☐ 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: Juan J Moreno

Street Address (P.O. Box Number is Not Acceptable)  
11323 SW 157 Place.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33196

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

Date

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	Juan J Moreno	11323 SW 157 Place	Miami FL 33196
VP	Lester A Madrigal	200 SW 112th Ave.	Miami FL 33174

10. E-mail Address:

(To be used for future annual report notification)

11. 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. I further certify, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/2/2010 786 879 0898