

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

2024 JUN 26 PM 1:10

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **PO3 000152407**

1. Corporation Name

E.B. Transportation Service, Inc.

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

7061 NW 87 Ave

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33178

Country

USA

3. Mailing Office Address

7061 NW 87 Ave

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33178

Country

USA

400432174014
06/26/24--01005--001 **\$600.00

CP2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

20-0492199

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

All Express tax multiservices LLC

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

1275 West 47th Pl

Suite, Apt. #, Etc.

Suite 315

City

Hialeah

State

FL

Zip Code

33012

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

Liggett

REGISTERED AGENT MUST SIGN

Date **06-19-24**

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	Elio Batista	7061 NW 87 Ave	Miami, FL 33178

10 E-mail Address: **Elio@ebtransportation.com**

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155 F.S.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/19/2024-786-897-9186

Date

Daytime Phone #

T. WILSON

JUN 26 2024