


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2004
CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 04 MAY 13 PM 1:53
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P03000156814
1. Corporation Name
 NINI TRANSPORT & LESSE, CORP
 3429 NW 38TH ST
 MIAMI FL 33142

700037058977
 05/24/04--01106--015 **150.00

2. Principal Office Address 3429 NW 38 St. 3429		3. Mailing Office Address NW 38 ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami FL		City & State Miami	
Zip 33142	Country Dade	Zip 33142	Country Dade

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 77-0617826
 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
 JOSE L. RODRIGUEZ

Street Address (P.O. Box Number is Not Acceptable)
 13945 SW 24 ST

Suite, Apt. #, Etc.

City
 MIAMI FL.

State
 FL

Zip Code
 33175

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 Jose Rodriguez 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
DP	JOSE L. RODRIGUEZ	13945 SW 24 ST	MIAMI FL. 33175
DS	NIRZA RODRIGUEZ	13945 SW 24 ST	miami fl 33175
DT	JULISSA RODRIGUEZ	13945 SW 24 ST	MIAMI FL 33175

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 under section 119.07(3)(i), 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: Jose Rodriguez Date 4/29/04
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # _____

CR2E081 (10/02)