


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**2004**  
**CORPORATION REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE**  
**Secretary of State**  
**DIVISION OF CORPORATIONS**

**DOCUMENT #** P03000156814

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

**2. Principal Office Address**  
3429 NW 38 St. 3429 NW 38 ST  
Suite, Apt. #, etc.

**3. Mailing Office Address**  
3429 NW 38 ST  
Suite, Apt. #, etc.

**City & State**  
Miami FL  
City & State  
Miami

**Zip** 33142 **Country** Dade  
**Zip** 33142 **Country** Dade

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

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

**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* **REGISTERED AGENT MUST SIGN** **Date**

**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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/29/04*  
Date Daytime Phone #

CR2E081 (10/02)