

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 AUG 23 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P04000012605*

1. Corporation Name

Pedro Flores Transportation Company

2. Principal Office Address

2321 KENWINCK DR

3. Mailing Office Address

Suite, Apt. #, etc.

Same

City & State

Valrico FL

City & State

Zip

Country

33594

USA

REINSTATEMENT

05-06

4. Date Incorporated or Qualified To Do Business in Florida

1-16-04

5. FEI Number

58-2681061

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

PEDRO FLORES

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

2321 KENWINCK DR

Suite, Apt. #, Etc.

City

VALRICO, FL

State

FL

Zip Code

33594

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

Pedro Flores

Date

8-18-06

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
<i>P</i>	<i>Pedro Flores</i>	<i>2321 KENWINCK DR</i>	<i>VALRICO FL 33594</i>

700079126487
08/25/06--01029--012 **900.00

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:

Pedro Flores

8-18-06

Date

813-846-4781

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/23/06