

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

08 JAN 14 PM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RY

1-16-08

CR2E081 (1/07)

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000012605

1. Corporation Name

Pedro Flores Transportation Company

W07000057190

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

2321 Kenwick DR

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Valrico, FL 33594

City & State

Zip

33594

Country

U.S.A.

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1-16-2004

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 Kenwick DR

Suite, Apt. #, Etc.

City

Valrico

State

FL

Zip Code

33594

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

[Signature]

Date

11-11-07

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	Pedro Flores	2321 Kenwick DR	Valrico, FL 33594

000112352720
11/16/07--01005--023 **900.00

REINSTATEMENT 05-01

000112352720
01/17/08--01034--020 **150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

11-11-07

Date

813-846-4781

Daytime Phone #