

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND SIGNED

08 JAN 14 PM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RY

1-16-08

**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 Country
33594 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 State Zip Code
Valrico FL 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
<i>P</i>	<i>Pedro Flores</i>	<i>2321 Kenwick DR</i>	<i>Valrico, FL 33594</i>

REINSTATEMENT *05-01*
000112352720 11/16/07--01005--023 **900.00
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]* Date *11-11-07* Daytime Phone # *813-846-4781*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR