

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 MAR 26 AM 8:59

DOCUMENT # P04000012605

1. Corporation Name

Pedro Flores Transportation Inc. Co

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

4104 Canoga Park Dr.

3. Mailing Office Address

4104 Canoga Park Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Brandon Fl.

City & State

Brandon Fl.

Zip

33511

Country

US

Zip

33511

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida 01/16/2004

5. FEI Number
582681061

☒ 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)
4104 Canoga Park Dr

Suite, Apt. #, Etc.

City
Brandon

State Zip Code
FL 33511

☒ 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

Date 03/24/09

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
Owner	Pedro Flores	4104 Canoga Park Dr	Brandon Fl. 33511

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/24/09

Date

813-662-4589

Daytime Phone #