

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 SEP -2 PH 4: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten Signature]

REINSTATEMENT 06-08
CR2E081 (12/07)

DOCUMENT # *PD4000023818*

1. Corporation Name

Cutino Transport Corp.

2. Principal Office Address - No P.O. Box #
8399 NW 66 St

3. Mailing Office Address

Suite, Apt. #, etc.

Suite 7

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Zip
33166

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida *2/2/2004*

5. FEI Number

20-0706984

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

Idoenes Cutino

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

325 S. Biscayne Blvd.

Suite, Apt. #, Etc.

Apt. # 2416

City

Miami

State

FL

Zip Code

33131

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date *8/27/2008*

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>Maricela Gonzalez</i>	<i>11750 SW 172 St</i>	<i>Miami, FL 33177</i>
<i>VP</i>	<i>John Cutino</i>	<i>325 S. Biscayne Blvd</i> <i>Apt #2416</i>	<i>Miami, FL 33131</i>

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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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/27/2008

Date

Daytime Phone #