

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000072586

1. Entity Name
MIAMI DADE TRAFFIC SCHOOL, INC.



Principal Place of Business
10201 HAMMOCKS BLVD
MIAMI, FL 33193

Mailing Address
10201 HAMMOCKS BLVD
MIAMI, FL 33193

2. Principal Place of Business
8513 SW 14th Ct
Suite, Apt. #, etc.

3. Mailing Address
8513 SW 14th Ct
Suite, Apt. #, etc.

City & State
MIAMI, FL
Zip
33183 Country

City & State
MIAMI FL
Zip
33183 Country



4. FEI Number
36-4553846
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
EQUES, RANDY J
11770 S.W. 24 TERR
MIAMI, FL 33175

7. Name and Address of New Registered Agent
Name
Alain Lassus
Street Address (P.O. Box Number is Not Acceptable)
8513 SW 14th Ct
City
MIAMI FL Zip Code
33183

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$300.00
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	8513 SW 14th Ct	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EQUES, RANDY J		NAME	MIAMI, FL 33183	
STREET ADDRESS	11770 SW 24TH TERR	Address Change Only	STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33175		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	8513 SW 14th Ct	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LASSUS, ALAIN E		NAME	MIAMI, FL 33183	
STREET ADDRESS	3800 NW 11 ST	Address Change Only	STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33126		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	000081300800	
STREET ADDRESS			STREET ADDRESS	10/27/06--01051--001 **150.00	
CITY-ST-ZIP			CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date
10-11-2006
Daytime Phone #