

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000118827

1. Corporation Name

DIEGO'S TRANSPORT, INC

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

6979 W. 7TH AVENUE

Suite, Apt. #, etc.

20

City & State

HIALEAH FL

Zip

33014

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

7. Name and Address of Current Registered Agent

Name
DIEGO GALEANO

Street Address (P.O. Box Number is Not Acceptable)
6979 WEST 7TH AVENUE

Suite, Apt. #, Etc.

20

City
HIALEAH

State
FL

Zip Code
33014

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]

REGISTERED AGENT MUST SIGN

Date **04/25/2007**

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
PD	DIEGO GALEANO	6979 W. 7TH AVENUE #20	HIALEAH FL 33014

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/2007

Date

(786) 298-9245

Daytime Phone #

FILED

07 MAY -7 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400103197274
05/24/07--01025--018 **450.00

REINSTATEMENT
05-07

4. Date Incorporated or Qualified
To Do Business in Florida

08/16/2004

5. FEI Number

20-1502969

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☐ 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.

B. Mitchell MAY 7 2007

282

APRIL 20, 2007.

FLORIDA DEPARTMENT OF STATE
Division of Corporation
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Corporate Annual Fee # P04000118827

Dear Secretary of State:


The Purpose of this letter is to request an exemption of penalty for late payment years 2005,2006, plus 2007 on time, according with Uniform Business Report of **DIEGO'S TRANSPORT, INC a Florida Corporation.**

I have not paid Annual Fee Corporation on time because I, don't received the corporate annual report, however I, want to hold the name of my first small business, I have attached annual fee of three years payment check for amount of \$ 450.00.

Should you have any question regarding this matter, please call me at telephone number (305) 642-5229.

Sincerely,

DIEGO TRANSPORT, INC



DIEGO M. GALEANO
President.