


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

page 1 of 2

DOCUMENT # P04000160314	
1. Entity Name KYSLAK METROPOLITAN TRANSPORTATION SERVICES, INC.	

Principal Place of Business 7421 N.W. 7TH STREET MIAMI, FL 33126	Mailing Address 7421 N.W. 7TH STREET MIAMI, FL 33126
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

FILED  
05 DEC 23 AM 8:33



11232005 REIN-P CR2E098 (6/04)

4. FEI Number 42-1653365	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PEREZ, GENEVIEVE M 7421 N.W. 7TH STREET MIAMI, FL 33126	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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, 2006, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST PEREZ, GENEVIEVE M 7421 N.W. 7TH STREET MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ, GENEVIEVE M 7421 N.W. 7TH STREET MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100062380901 12/23/05--01047--004 ***150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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REINSTATEMENT 85

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Genevieve Perez  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: 11/27/05 Daytime Phone # \_\_\_\_\_

Page 2 of 2

DIVISIONS OF CORPORATIONS  
P.O.BOX 6327  
TALLAHASSEE, FL 32314

ENCLOSED PLEASE FIND OUR " 2005 FOR PROFIT  
CORPORATION REINSTATEMENT FORM", TOGETHER WITH  
OUR CHECK FOR \$ 150.00 FEE.  
PLEASE NOTE THAT WE DID NOT RECEIVE YOUR FORM  
THAT WAS ORIGINALLY MAILED.