

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 AUG 27 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P0500062280

1. Corporation Name

A&M TRANSPORTATION & WAREHOUSING
SERVICE INC.

REINSTATEMENT 07-09

208/27

2. Principal Office Address - No P.O. Box #
13701 PINE MEADOW COURT

3. Mailing Office Address
13701 PINE MEADOW COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DAVIE, FLORIDA

City & State

DAVIE, FLORIDA

Zip

33325

Country

USA

Zip

33325

Country

USA

CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

APRIL 27, 2005

5. FEI Number

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
DHANWANTIE PERSAUD

Street Address (P.O. Box Number is Not Acceptable)
13701 PINE MEADOW COURT

Suite, Apt. #, Etc.

City
DAVIE

State
FL

Zip Code
33325

☒ 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

Dhanwantie Persaud

REGISTERED AGENT MUST SIGN

Date 5TH.APRIL 2009P

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
P	DHANWANTIE PERSAUD	13701 PINE MEADOW CRT	DAVIE, FL 33325
S	ADITYA PERSAUD	13701 PINE MEADOW COURT	DAVIE, FL 33325

900159983639

08/27/09--01003--008 **450.00

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:

Dhanwantie Persaud

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 5, 2009

Date

954 651 2972

Daytime Phone #