

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

2017-2018



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

18 MAR 30 AM 9:30

DOCUMENT # P05000081287

1. Corporation Name

D C TRANSPORT, INC.

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

3. Mailing Office Address

5201 BLUELAGOON DR

5201 BLUELAGOON DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PH

PH

City & State

City & State

MIAMI, FL

MIAMI, FL

Zip

Country

Zip

Country

33126

33126

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03/30/18--01007--007 **900.00

CF2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida
FLORIDA

5. FET Number

Applied For

20-3106202

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

JOSE GUZMAN

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

5201 BLUELAGOON DR PH

Suite, Apt. #, Etc.

PH

City

MIAMI

State

FL

Zip Code

33126

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

Jose Guzman

Date 03/27/2018

REGISTERED AGENT MUST SIGN

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	JOSE GUZMAN	5201 BLUELAGOON DR PH	MIAMI, FL 33126

10. E-mail Address:

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Jose Guzman

03/27/2018

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #