

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 OCT 17 AM 8:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P05000082634

1. Corporation Name

ISA TRANSPORTATION SERVICES, INC

2. Principal Office Address - No P.O. Box #  
8615 SW 47 ST.

Suite, Apt. #, etc.

City & State  
MIAMI, FL

Zip  
33155

Country

3. Mailing Office Address  
8615 SW 47 ST.

Suite, Apt. #, etc.

City & State  
MIAMI, FL

Zip  
33155

Country

**REINSTATEMENT**  
CR2E081 (1/07)

06-07

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEL Number  
59-3808632

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  
ISABEL ISLA

Street Address (P.O. Box Number is Not Acceptable)  
8615 SW 47 ST.

Suite, Apt. #, Etc.

City  
MIAMI,

State  
FL

Zip Code  
33155

☒ 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

Date

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
PVST	ISABEL ISLA	8615 SW 47 ST.	MIAMI, FL 33155

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:

*Isabel Isla*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/04/07 (305)801-3038

Date

Daytime Phone #

ISABEL ISLA, President

10/18/07