

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P05000095593**

1. Corporation Name

**ALLI'S TRANSPORTATION SERVICE INC**

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

**19850 LENAIRE DRIVE**

Suite, Apt. #, etc.

City & State

**CUTLER BAY, FL**

Zip

**33157**

Country

3. Mailing Office Address

**19850 LENAIRE DRIVE**

Suite, Apt. #, etc.

City & State

**CUTLER BAY, FL**

Zip

**33157**

Country

**7. Name and Address of Current Registered Agent**

Name

**PHILIP J. REYES**

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

**19850 LENAIRE DRIVE**

Suite, Apt. #, Etc.

City

**CUTLER BAY**

State

**FL**

Zip Code

**33157**

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 **12-09-09**

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	PHILIP J. REYES	19850 LENAIRE DRIVE	CUTLER BAY, FL 33157
T	ALLISON A REYES	19850 LENAIRE DRIVE	CUTLER BAY, FL 33157

200163535812  
12/11/09--01006--010 \*\*458.75

**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., 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.

**SIGNATURE:**

**PHILIP J. REYES**

**12-10-09**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

2009 DEC 11 PM 5:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

**07/05/2005**

5. FEI Number

**20-3101557**

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.

DEC 11 2009

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ALLI'S TRANSPORTATION SERVICE INC  
19850 LENAIRE DRIVE  
CUTLER BAY, FL 33157  
P05000095593

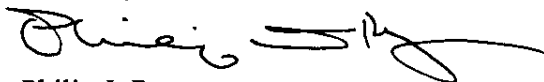
TO: Div of Corp  
Attn: Tyrone Scott

Re: Reinstatement

As per our conversation I am sending to you the Reinstatement form along with a check for \$458.75 to properly up-date my Corporation. I would like any penalties to be waived in order to get this Corporation in Active status I further state that I never received the first nor second notice of the report.

If you have any question please don't hesitate contact me at the above listed address.

Cordially,



Philip J. Reyes  
(President)