


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000096289		
1. Entity Name M J DAYS TRANSPORT INC		

FILED 182
06 DEC 28 PM 4:11

Principal Place of Business 10124 DEAN CHASE BLVD ORLANDO, FL 32825	Mailing Address 10124 DEAN CHASE BLVD ORLANDO, FL 32825
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT-06

2. Principal Place of Business		3. Mailing Address PO Box 6789-52	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Orlando, FL	
Zip	Country	Zip 32867-8952	Country US



12212006 REIN-P CR2E098 (11/05)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JEREZ, ARLENE 10124 DEAN CHASE BLVD ORLANDO, FL 32825		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JEREZ, ARLENE 10124 DEAN CHASE BLVD ORLANDO, FL 32825 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600092818616 12/28/06--01026--021 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DE LEON, MELVIN J 6106 CURRY FORD RD APT 211 ORLANDO, FL 32822 <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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/22/06

Date

Daytime Phone #

10737 SW 104 Street
Miami, Florida 33176
E-mail: rfernandezcpa@aol.com

RAFAEL J. FERNANDEZ, C.P.A., P.A.
CERTIFIED PUBLIC ACCOUNTANT

Phone: (305) 596-9026
Fax: (305) 596-9845

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December 22, 2006

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: M J Days Transport, Inc.
PO BOX 6789-52
Orlando, FL 32825

Letter regarding waiver of reinstatement penalties

To the Reinstatement Division:

I am writing in order to reinstate M J Days Transport, Inc. For your convenience I have attached the reinstatement form along with a \$150 annual filing fee. The taxpayer is requesting that you waive the reinstatement penalty because he never received a copy for 2006. Thank you in advance for your cooperation in this matter. If you have any questions please do not hesitate to contact me at (305) 596-9026.

Sincerely,

Rafael J. Fernandez, CPA

Rafael J. Fernandez, C.P.A.
Rafael J. Fernandez, C.P.A., P.A.