

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


10 JUN 30 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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06/30/10--01007--006 **900.00

CR2E081 (6/10)

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **PO5000118776**

1. Corporation Name
Jorge A. IRIZARRY TRANSP. INC.

2. Principal Office Address - No P.O. Box # 2139 JESSA DRIVE		3. Mailing Office Address 2139 JESSA DRIVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State KISSIMMEE FL		City & State KISSIMMEE	
Zip 34743	Country Oceola	Zip 34743	Country Oceola

4. Date Incorporated or Qualified To Do Business in Florida **9/25/05**

5. FEI Number **203254947** 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 **Jorge A. IRIZARRY**

Street Address (P.O. Box Number is Not Acceptable)
2139 JESSA DRIVE

Suite, Apt. #, Etc.

City **KISSIMMEE** State **FL** Zip Code **34743**

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 **Jorge A. Irizarry** Date **6/30/10**

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	Jorge A. IRIZARRY	2139 JESSA DRIVE	KISSIMMEE, FL 34743

REINSTATEMENT 09-10
RLH

10. E-mail Address: **TRUCKING34743@Gmail.com**
(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: **Jorge A. Irizarry** Date **6/30/10** Daytime Phone # **407 9560272**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR