

06/09/2008 MON 16:21 FAX

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PLEASE READ ALL INSTRUCTIONS BEFORE

FILED

08 JUN 10 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000137689

1. Corporation Name

SAL TRANSPORTATION, CORP.

2. Principal Office Address - No P.O. Box #
245 SE 1ST ST

3. Mailing Office Address
245 SE 1ST ST

Suite, Apt. #, etc.
247

Suite, Apt. #, etc.
247

City & State
MIAMI FL

City & State
MIAMI FL

Zip
33131

Country
US

Zip
33131

Country
US

4. Date Incorporated or Qualified
To Do Business in Florida **10/07/2005**

5. FEI Number **26-2747629**

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 **LUCIANA MEDEIROS**

Street Address (P.O. Box Number is Not Acceptable) **11340 NW 48TH TERR.**

Suite, Apt. #, Etc.

City **DORAL**

State
FL

Zip Code
33178

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	LUCIANA MEDEIROS	11340 NW 48TH TERR.	DORAL FL 33178

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: *[Signature]* **Luciana Medeiros**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Stamp] JUN 10 2008

Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : ADVANCE CORPORATE SERVICE, INC.
Account Number : 120070000146
Phone : (305) 406-3800
Fax Number : (305) 406-3999

CORPORATION REINSTATEMENT**SAL TRANSPORTATION, CORP.**

Certificate of Status	0
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