

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State

DIVISION OF CORPORATIONS

W 08000002818

FILED

2008 JAN 18 PM 2:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

200117604002  
02/08/08--01020--003 \*\*450.00

DOCUMENT # P05000158248

1. Corporation Name

ULTIMATE TRANSPORT CO.

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

36 N.E. 1ST STREET

Suite, Apt. #, etc.

645

City & State

MIAMI, FL

Zip

33132

Country

USA

3. Mailing Office Address

36 N.E. 1ST STREET

Suite, Apt. #, etc.

645

City & State

MIAMI, FL

Zip

33132

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

11/30/2005

5. FEI Number  
87-0757636

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

ELIDA MATUTE

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

36 N.E. 1ST STREET

Suite, Apt. #, Etc.

645

City

MIAMI

State

FL

Zip Code

33132

☒ 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

*Elida Matute*

Date 1-18-2007

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
PD	ELIDA MATUTE	36 N.E. 1ST STREET	MIAMI, FL 33132

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:

*Elida Matute*

1-18-2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

B. Mitchell | JAN 18 2008