

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 OCT 30 PM 2:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #

PO5000159106

1. Corporation Name

OLIVA FAST TRANSPORT CORP.

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

11195 SW 7th St.

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33174

Country

Dade

3. Mailing Office Address

11195 SW 7th Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33174

Country

Dade

CR2E081 (1/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

12/06/2005

5. FEI Number

20-3889267

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

Victoria Socarras

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

7741 NW 7th St.

Suite, Apt. #, Etc.

Miami

City

Miami

State

FL

Zip Code

33174

☒ 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

Victoria Socarras

Date

10/24/07

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
President	AMAURY, OLIVA	11195 SW 7th Street Miami, FL 33174	Miami, FL 33174

REINSTATEMENT 06-07

10/30/07--01007--013 \*\*300.00  
450111467434  
10/30/07--01007--013 \*\*300.00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/26/07

Date

305-772-2494

Daytime Phone #

**OLIVA FAST TRANSPORT**  
**11195 SW 7<sup>TH</sup> STREET**  
**MIAMI, FL 33174**  
**10/26/07**

**To Whom It May Concern:**

**I, AMAURY OLIVA RESIDE AT 11195 SW 7<sup>TH</sup> STREET**  
**MIAMI, FLORIDA 33174. I DID NOT RECEIVED ANY PRIOR**  
**NOTICES FROM THE FLORIDA DEPARTMENT OF STATE**  
**THEREFORE I ASK FOR THIS FEE TO BE WAIVED.**

**THANK YOU,**

  
**AMAURY OLIVA**