

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000160663

1. Entity Name
YORDANI TRANSPORT, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 22 AM 11:28

Principal Place of Business
16 BUCK CIRCLE
HAINES CITY, FL 33844 US

Mailing Address
16 BUCK CIRCLE
HAINES CITY, FL 33844 US



2. Principal Place of Business - No P.O. Box #
950 Aldo Rd

3. Mailing Address
950 Aldo Rd

Suite, Apt. #, etc.

04072008 REIN-P CR2E098 (1/07)

City & State
Babson Park

City & State
Babson Park

Zip
33827

Country

Zip
33827

Country

4. FEI Number
43-2092933

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SANTOS, YORDANI
16 BUCK CIRCLE
HAINES CITY, FL 33844

7. Name and Address of New Registered Agent
Name
Yordani Santos
Street Address (P.O. Box Number is Not Acceptable)
950 Aldo Rd
City
Babson Park FL Zip Code
33827

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 [Signature] DATE 4/7/08

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANTOS, YORDANI 16 BUCK CIRCLE HAINES CITY, FL 33844	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Santos, Yordani 950 Aldo Rd Babson Park, FL 33827	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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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] DATE 4/7/08 Daytime Phone #