

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 NOV 17 AM 10:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P06000003210**

1. Corporation Name

JFA TRANSPORTATION, INC

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

10145 Pinafore Lane

Suite, Apt. #, etc

City & State

Royal Palm Beach

Zip

33411

Country

Palm Beach

3. Mailing Office Address

219 N "L" Street

Suite, Apt. #, etc

# 8

City & State

Lake Worth

Zip

33460

Country

Palm Beach

000162884740

11/17/09--01032--010 \*\*758.75

**REINSTATEMENT**  
CR2E081 (11/09)

07-08

4. Date Incorporated or Qualified  
To Do Business in Florida

January 6, 2006

5. FEI Number

06-1765522

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

JEAN F. ALTIDOR

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

219 NORTH L STREET

Suite, Apt. #, Etc.

#8

City

LAKE WORTH

State

FL

Zip Code

33460

☒ 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

*Jean F. Altidor*

REGISTERED AGENT MUST SIGN

Date NOV 19, 2009

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	Jean F Altidor	219 N "L" Street Unit 107	Lake Worth, FL 33460

10. E-mail Address: jefral@aol.com or altidorjeanfritz@yahoo.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:

*Jean F. Altidor, Sec.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-10-2009 5615231869

Daytime Phone #