

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 MAR 31 PM 1:53

DOCUMENT # P06000136547

1. Corporation Name

A & R Transporters, Inc.

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

17074 SW 34th Street

Suite, Apt. #, etc.

3. Mailing Office Address

17074 SW 34th Street

Suite, Apt. #, etc.

City & State

Miramar, FL

City & State

Miramar, FL

Zip

33027

Country

USA

Zip

33027

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

20-5792591



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

Angel Pineda

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

17074 SW 34th Street

Suite, Apt. #, Etc.

City

Miramar

State

FL

Zip Code

33027

☐ 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

*Angel Pineda*  
REGISTERED AGENT MUST SIGN

Date

3/23/09

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	Angel Pineda	17074 SW 34th Street	Miramar, FL 33027

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:

*Angel Pineda*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/30/09

Daytime Phone #