

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000144646

1. Entity Name
ALCORITRANSPORT, INC.



Principal Place of Business
5222 N.W. 197 TERRACE
MIAMI, FL 33055

Mailing Address
P.O. BOX 173924
HIALEAH, FL 33017

FILED
08 NOV -6 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business - No P.O. Box #
15985 NW 52 AVE

3. Mailing Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

11052008 REIN-P CR2E098 (1/07)

City & State
Hialeah, FL

City & State

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip
33014

Country
USA

Zip

Country

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

6. Name and Address of Current Registered Agent

URIBE, ALEX F
5222 N.W. 197 TERR
MIAMI, FL 33055

7. Name and Address of New Registered Agent

Name ZEIDA Y VASQUEZ
Street Address (P.O. Box Number is Not Acceptable)
17211 NW 47 AVE
City Miami FL Zip Code 33055

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 *Zeida Y Vasquez*

11-5-08

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2009, Fee will be \$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 P
NAME URIBE, ALEX F
STREET ADDRESS P.O. BOX 173924
CITY-ST-ZIP HIALEAH, FL 33017 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME ZEIDA Y VASQUEZ
STREET ADDRESS 17211 NW 47 AVE
CITY-ST-ZIP MIAMI, FL 33055 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 *Zeida Y Vasquez*

11-5-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #