

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

10 MAY -4 AM 7:55

DOCUMENT # P07000021181

1. Corporation Name

Curtis Rampersad Transport, Inc

WI-11903

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

113 Prestige Drive

Suite, Apt. #, etc.

3. Mailing Office Address

113 Prestige Drive

Suite, Apt. #, etc.

City & State

Royal Palm Beach, FL

Zip

33411

Country

Palm Beach

City & State

Royal Palm Beach, FL

Zip

33411

Country

Palm Beach

400180276864
05/04/10--01048--012 **158.75

REINSTATEMENT

08-10

4. Date Incorporated or Qualified
To Do Business in Florida 02/15/2007

5. FEI Number
20-8456184

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

Curtis Rampersad

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

113 Prestige Drive

Suite, Apt. #, Etc.

City

Royal Palm Beach

State

FL

Zip Code

33411

☒ 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

[Signature]

Date 2/1/2010

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	Curtis Rampersad	113 Prestige Drive	Royal Palm Beach, FL 33411
Vice-Pres	Carrie Rampersad	113 Prestige Drive	Royal Palm Beach, FL 33411

000171597570
03/09/10--01004--006 **300.00

10. E-mail Address: carriecurtis@bellsouth.net

(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: *Curtis Rampersad*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/1/2010
248-322