

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P07000021181

1. Corporation Name

Curtis Rampersad Transport, Inc

W1-1903

2. Principal Office Address - No P.O. Box # 113 Prestige Drive	3. Mailing Office Address 113 Prestige Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Royal Palm Beach, FL	City & State Royal Palm Beach, FL
Zip 33411	Country Palm Beach
Zip 33411	Country Palm Beach

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

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

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

10. E-mail Address: carrie@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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 MAY -4 AM 7:55

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

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.

000171597570

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

Date

Daytime Phone #

KS