

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

10 OCT -1 AM 11:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P07000058918

1. Corporation Name

LRCG TRANSPORT, INC

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

10174 MAJORCA AVE.

Suite, Apt. #, etc

CITRUS SPRING FL

City & State

3. Mailing Office Address

Suite, Apt. #, etc.

10174 MAJORCA AVE

City & State

CITRUS SPRING FL

Zip

34434

Country

Zip

34434

Country

08-10

CR2E081 (6/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

5-3-2007

5. FEI Number

☐ 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

De la Cruz Luis R.

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

10174 MAJORCA AVE

Suite, Apt. #, Etc.

City  
CITRUS SPRING FL

State  
FL

Zip Code  
34434

**REINSTATEMENT**

300186132963  
10/01/10--01026--002 \*\*1050.00

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]

REGISTERED AGENT MUST SIGN

Date 10-1-10

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
<u>P.</u>	<u>De la Cruz Luis R.</u>	<u>10174 MAJORCA AVE</u>	<u>CITRUS SPRING FL 34434</u>

10. E-mail Address: XAVI.XAVELITO@YAHW.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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-1-10

Date

352 489-5011  
Daytime Phone #