

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P07000085936

1. Corporation Name

S.S Junior Transport Inc

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

581 E 43 St

Suite, Apt. #, etc.

City & State

Hialeah, FL

Zip

33013

Country

Miami Dade

3. Mailing Office Address

581 E 43 St

Suite, Apt. #, etc.

City & State

Hialeah

Zip

33013

Country

Miami Dade

7. Name and Address of Current Registered Agent

Name

Sergio Caro

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

581 E 43 St

Suite, Apt. #, Etc.

City

Hialeah,

State

FL

Zip Code

33013

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 **03/16/2010**

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	Sergio Caro	581 E 43 St	Hialeah, FL 33013
Vp	Serguey Rios Roche	363 E 36 St	Hialeah, FL 33013

10. E-mail Address:

(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]

Sergio Caro

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/16/2010 (305) 401-7615

Date

Daytime Phone #

FILED

10 MAR 19 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500172649905
03/19/10--01040--020 **450.00

REINSTATEMENT

08-10

4. Date Incorporated or Qualified
To Do Business in Florida

07/30/2007

5. FEI Number

26-0766929

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.