

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 DEC -6 PM 5:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P08000043381

1. Corporation Name

R T TRANSPORT OF IMMOKALEE, INC.

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

1101 MONROE STREET

Suite, Apt. #, etc.

City & State

IMMOKALEE, FL

Zip

34142

Country

US

3. Mailing Office Address

1101 MONROE STREET

Suite, Apt. #, etc.

City & State

IMMOKALEE, FL

Zip

34142

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

05/01/2008

5. FEI Number  
26-2877559

☐ 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

RODOLFO TURRUBIARTEZ *TurrubiarTEZ*

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

1101 MONROE STREET

Suite, Apt. #, Etc.

City

IMMOKALEE

State

FL

Zip Code

34142

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

*Rodolfo TurrubiarTEZ*

REGISTERED AGENT MUST SIGN

Date 11/30/2010

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
D	RODOLFO TURRUBIARTEZ	1101 MONROE STREET	IMMOKALEE, FL 34142

10. E-mail Address: MARTHADWILLIAMS@AOL.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:

*Rodolfo TurrubiarTEZ*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/30/2010

Date

Daytime Phone #