

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 JAN 19 PM 12:32

DOCUMENT # P08000063756

1. Corporation Name

Alianza Transportation, Inc

700189429497
01/04/11--01049--012 **750.00

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

777 S. Federal Hwy
Suite, Apt. #, etc.

F-307

City & State

Pompano Beach, FL

Zip Country

33062 U.S.

3. Mailing Office Address

777 S. Federal Hwy
Suite, Apt. #, etc.

F-307

City & State

Pompano Bch, FL

Zip Country

33062 U.S.

REINSTATEMENT 2010-2011

CR2B081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

7-2-2008

5. FEI Number

262942949

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

Paul A. Albert

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

777 S. Federal Hwy. F-307

Suite, Apt. #, Etc.

F-307

City

Pompano Beach FL

State

FL

Zip Code

33062

700189429497
01/19/11--01006--014 **158.75

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

Paul A. Albert

REGISTERED AGENT MUST SIGN

Date 12/30/10

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
P	James Lane	777 S. Federal Hwy Apt F-307	Pompano Bch, FL 33062
T	Paul Albert	777 S. Federal Hwy Apt F-307	Pompano Bch, FL 33062

10. E-mail Address: info@alianzatransportation.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:

Paul A. Albert

12/30/10

954-347-0567

(To be used for future annual report notification)

Date

Daytime Phone #