

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

15 JAN 5 AM 10:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P13000044563

1. Corporation Name

ARCE TRANSPORTATION INC.

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

240 Ricklynn Ave

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

LAKE ALFRED

City & State

Zip Country

33850

Zip Country

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

5/21/2013  
46-2515740

Applied For  
Not Applicable

5. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

6. Name and Address of Current Registered Agent

Name

Jose ARCE

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

240 N. Ricklynn Ave

Suite, Apt. #, Etc.

City

LAKE ALFRED

State

FL

Zip Code

33850

900268008899  
03/19/15--01003--001 \*\*150.00

900268008899  
01/05/15--01028--006 \*\*150.00

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

Jose ARCE

REGISTERED AGENT MUST SIGN

Date

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	Jose D. ARCE	240 N. Ricklynn Ave	LAKE ALFRED FL 33850
D	Jose P. ARCE	240 N. Ricklynn Ave	LAKE ALFRED FL 33850

REINSTATEMENT

2014 - 2015

S. HAWKES

JAN - 6 A.M.

EXAMINER

10. E-mail Address:

(To be used for future annual report notification)

1. 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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Jose ARCE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/30/2014

Date

Daytime Phone #