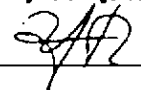
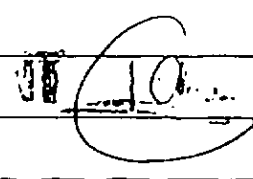
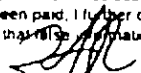


2025.11.2 PM 3:15

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		2020.09.20 PM 3:15	
DOCUMENT # P15000013494					
1. Corporation Name: JMLZ TRANSPORT CORP					
2. Principal Office Address - No P.O. Box # 15325 SW 298 TER		3. Mailing Office Address 15325 SW 298 TER		000353100100 10/02/20--01021--001 ++1000.00 000353100100 10/02/20--01021--001 ++350.00	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State HOMESTEAD, FL		City & State HOMESTEAD, FL		4. Date Incorporated or Qualified To Do Business in Florida 02/10/2015	
Zip 33033	Country US	Zip 33033	Country US	5. FEI Number 473079693	☐ Applied For ☐ Not Applicable
7. Name and Address of Current Registered Agent				6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status	
Name YUNIELKYS ROJAS					
Street Address (P.O. Box Number is Not Acceptable) 15325 SW 298 TER					
Suite, Apt. #, Etc.					
City HOMESTEAD		State FL	Zip Code 33033		
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: 				Date 09/20/2020	
REGISTERED AGENT MUST SIGN					
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	YUNIELKYS ROJAS	15325 SW 298 TER		HOMESTEAD, FL 33033	
					
		09/20/2020			
10. E-mail Address: TABULARIUSTAX@GMAIL.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., 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: 		09/20/2020		7869305212	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	