PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2018 APR 23 PM 2:11

DOCUMENT # P15000079114

1. Corporation Name

JIRO TRANSPORT CORP

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
6570 GRANT COURT	6570 GRANT COURT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HOLLYWOOD, FL	City & State: HOLLYWOOD, FL
Zip: 33024 Country: USA	Zip: 33024 Country:

000312439910
04/23/18--01029--004 **1093.75

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida: SEPTEMBER 24, 2015

5. FEI Number: X Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name: LEONARDO JIMENEZ
Street Address (P.O. Box Number is Not Acceptable): 6570 GRANT COURT
Suite, Apt. #, etc.:
City: HOLLYWOOD State: FL Zip Code: 33024

REINSTATEMENT
2016-2018

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: ABRIL 13, 2018

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	LEONARDO JIMENEZ	6570 GRANT COURT	HOLLYWOOD, FL 33024
VP	CAROLINA JIMENEZ	6570 GRANT COURT	HOLLYWOOD, FL 33024
			APR 24 2018
			I ALBRITTON

10. E-mail Address: leojimenez2006@hotmail.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: Leonardo Jimenez APRIL 13, 2018 754-609-1019

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #