

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P18000090220

1. Corporation Name

TRANSPORT AMERICA CORP

100356387401

12/15/20--01005--002 **900.00

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box # 4242 NW 2ND ST		3. Mailing Office Address 4242 NW 2ND ST	
Suite, Apt. #, etc. APT: 1116		Suite, Apt. #, etc. APT: 1116	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33126	Country	Zip 33126	Country

4. Date Incorporated or Qualified To Do Business in Florida 10/30/2018	
5. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$3.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name MIGUEL ANGEL SAAVEDRA CHINEA		
Street Address (P.O. Box Number is Not Acceptable) 4242 NW 2ND ST		
Suite, Apt. #, Etc. APT: 1116		
City MIAMI	State FL	Zip Code 33126

SECRETARY OF STATE 10 DEC 15 PM 8:56	
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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 <i>/s/ Miguel Angel Saavedra China</i>	Date 12/10/2020
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	MIGUEL ANGEL SAAVEDRA CHINEA	4242 NW 2ND ST APT: 1116	MIAMI, FL 33126

DEC 15 2020

[Signature]

10. E-mail Address: _____
(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: <i>/s/ Miguel Angel Saavedra China</i>	12/10/2020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #



12905 SW 42 STREET Suite: 210
MIAMI, FL 33175
Phone: 305-444-4994
Email: filing@ecfsfiling.com

RECEIVED
2020 DEC 14 PM 4:
DIV. OF REVENUE
TALLAHASSEE, FLORIDA

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

1. Transport America Corp 7A000090220
(CORPORATE NAME) (DOCUMENT #)

2. _____
(CORPORATE NAME) (DOCUMENT #)

3. _____
(CORPORATE NAME) (DOCUMENT #)

☐ Walk-In ☒ Pick up time: _____ ☐ Certified Copy ☐ Certificate Of Status

New Filings	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input type="checkbox"/>	Limited Liability
<input checked="" type="checkbox"/>	Other: Reinstatement

Amendments	
<input type="checkbox"/>	Amendments
<input type="checkbox"/>	Resignation
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Other:

Other Filings	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Apostille:
<input type="checkbox"/>	Other:

Examiners Initials	
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