

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

AND
FILED

98 DEC 14 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000004636

1. Corporation Name

F.S. & SONS TRANSPORT INC.

Principal Place of Business

Mailing Address

~~8888 N.W. 116TH ST.
HIALEAH GARDENS FL 33016~~

P.O. BOX 2451
HIALEAH FL 33012
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

1299 W 72 ST

Suite, Apt. #, etc.
P.O. BOX 2451

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
HIALEAH

City & State
HIALEAH

Zip
33014

Country
FLA

Zip
33012

Country
FLA



REINSTATEMENT 98

4. Date Incorporated or Qualified To Do Business in Florida		11/16/1992
5. FEI Number	65-0368841	Applied For
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Not Applicable
\$8.75 Additional Fee required for a Certificate of Status		

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD	FERNANDEZ, FERMIN A	8888 N.W. 116TH ST.	HIALEAH GARDENS FL 33016
STD	FERNANDEZ, ZORAYA	8888 N.W. 116TH ST.	HIALEAH GARDENS FL 33016

100002716411-9
-12/18/98--01084--014
****750.00 ****750.00

12/15

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FERNANDEZ, FERMIN A
8888 N.W. 116TH ST.
HIALEAH GARDENS FL 33016

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 12-8-98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for Information on intangible tax.)

12. 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(f), F.S. 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: ~~SIGNATURE REQUIRED~~
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11-19-98

Daytime Phone # 305-820-9261

CR2E040 (9/98)