

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 23 PM 4:29

DOCUMENT # P93000001518

1. Corporation Name

TRANSPORT TAR INC. OF FLORIDA

Principal Place of Business

Mailing Address

8140 NW 74TH AVE
SUITE 18
MEDLEY FL 33166
US

8140 NW 74TH AVE
SUITE 18
MEDLEY FL 33166
US

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

2. New Principal Office Address, If Applicable

1740 N.W. 98TH AVENUE
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

1740 N.W. 96TH AVE
Suite, Apt. #, etc.

City & State

MIAMI, FL
Zip 33172
Country USA

City & State

MIAMI, FL
Zip 33172
Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/07/1993

5. FEI Number

65-0385623

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	ARBOLEDA, OSCAR	1430 NW 114TH LOOP	OCALA FL
VP	MARIA EUGENIA ERASO	6619 S.W. 116 PLACE #F	MIAMI, FL 33173

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****758.75 ****758.75

8. Name and Address of Current Registered Agent

KLAUS, KURT R JR
1503 NW 14TH STREET
MIAMI FL 33125

9. Name and Address of New Registered Agent

Name
MARIA EUGENIA ERASO
Street Address (P.O. Box Number is Not Acceptable)
6619 S.W. 116 PLACE
Suite, Apt. #, Etc.
F
City
MIAMI
State
FL
Zip Code
33173

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 10/17/00

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., 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)(i), 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
MARIA EUGENIA ERASO

10/17/00
Date

(305) 468-9160
Daytime Phone #