

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

02 NOV 12 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P93000058908

1. Corporation Name

N T SPANSERVE, INC.

2. Principal Office Address

12600 NW 107 Avenue

Suite, Apt. #, etc.

City & State

Medley, FL

Zip

33178

Country

USA

3. Mailing Office Address

12600 NW 107 Avenue

Suite, Apt. #, etc.

City & State

Medley, FL

Zip

33178

Country

USA

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

8/17/93

5. FEI Number

65-0507881

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

Anthony Robledo

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

8180 NW 36 Street.

Suite, Apt. #, Etc.

Suite #100

City

Miami

State
FL

Zip Code
33166

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

11/07/02

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
-PSD-	Price, Walter S.	12600-NW-107-Avenue	Medley, FL-33178

10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)



ACCOUNT NO. : 072100000032

REFERENCE : 815015 7356761

AUTHORIZATION :

COST LIMIT : \$ PREPAID

ORDER DATE : November 11, 2002

ORDER TIME : 11:23 AM

ORDER NO. : 815015-010

CUSTOMER NO: 7356761

CUSTOMER: Ms. Cathy Booker-7356761
Nationwide Trucking, Inc.
12600 N.w. 107 Avenue

Medley, FL 33178

DOMESTIC FILINGS

NAME: N.T. SPANSERVE INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward

EXAMINER'S INITIALS _____

RECEIVED
02 NOV 12 AM 8:49
DIVISION OF CORPORATION