

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

01 JUN -8 AM 9:05

DOCUMENT # P94000012460

1. Corporation Name

BLACK JACK ROAD SERVICE, INC

Principal Place of Business

Mailing Address

2430 NW 79 St  
Miami, Fl 33147

Same

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

REINSTATEMENT 00-01

2. New Principal Office Address, If Applicable

Same as above

3. New Mailing Office Address, If Applicable

Same as above

4. Date Incorporated or Qualified To Do Business in Florida

01/28/94

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0467554

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$875 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PSTD	MIGUEL VELEZ	13075 NW 27 Ave, Miami, FL	33167

400004435474--0  
-06/21/01--01068--016  
\*\*\*900.00 \*\*\*900.00

Handwritten signature and date: [Signature] 20

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MIGUEL VELEZ  
13075 NW 27 Ave  
Miami, FL

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

Handwritten signature of Miguel Velez

REGISTERED AGENT MUST SIGN

Date

4/30/01

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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)(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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 30/01

Date

Daytime Phone #

CR2E040 (12/96)