PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000010369

1. Corporation Name
A-Plus Transportation Inc

2. Principal Office Address	3. Mailing Office Address
3419 W Broward Blvd	11150 NW 39 ct
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft Lauderdale Fl.	City & State: Coral Springs Fl
Zip: 33312 Country: Broward	Zip: 33065 Country: Broward

REINSTATEMENT 99-00

4. Date Incorporated or Qualified To Do Business in Florida 2-7-1995

5. FEI Number 65-0644113 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Carl Myers

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Street Address (P.O. Box Number Is Not Acceptable): 11150 NW 39 Ct.

Suite, Apt. #, Etc.:

City: Coral Springs State: FL Zip Code: 33065

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: Carl Myers Date: 11-6-2000
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	Carl Myers	11150 NW 39 Ct.	Coral Springs Fl 33065

LS

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: Carl Myers Carl Myers 11-6-2000 954 214-6349
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #