

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 SEP 28 PM 4:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000010751

1. Corporation Name

RODRIGUEZ AUTO TRANSPORT, CORP

2. Principal Office Address - No P.O. Box #

4300 NW 79 AVE

3. Mailing Office Address

4300 NW 79 AVE

Suite, Apt. #, etc.

1-G

Suite, Apt. #, etc.

1-G

City & State

DORAL

City & State

DORAL

Zip

33166

Country

DADE

Zip

33166

Country

DADE

REINSTATEMENT

06-07

4. Date Incorporated or Qualified
To Do Business in Florida

02/08/95

5. FEI Number

65-0556207

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
DANIEL RODRIGUEZ

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

4300 NW 79 AVE

Suite, Apt. #, Etc.

1-G

City
DORAL

State
FL

Zip Code
33166

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 09/25/07

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/D	DANIEL RODRIGUEZ	4300 NW 79 AVE	DORAL, FL 33166

800110052308
09/28/07-01023-011 **308.75

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 contained in Chapter 119, 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/25/07 305-4928483

Date

Daytime Phone #