

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

01-02-03 43A

DOCUMENT # P95000010751

1. Corporation Name

RODRIGUEZ AUTO TRANSPORT CORP.

2. Principal Office Address

10850 NW 22ND STREET

Suite, Apt. #, etc.

3. Mailing Office Address

2300 SW 80 COURT

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33172

Country

DADE

Zip

33155

Country

DADE

4. Date Incorporated or Qualified

To Do Business in Florida 02/08/1995

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 N. RODRIGUEZ

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

2300 SE 80 COURT

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33155

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

Date 06/06/2003

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/D	DANIEL N. RODRIGUEZ	2300 SE 80 CT	MIAMI, FL. 33155

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

06/06/03

Date

305 592 8483

Daytime Phone #

FILED  
DIVISION OF CORPORATIONS  
03 AUG 15 PM 12:25

200021702702  
08/21/03--01059--031 \*\*150.00

200021702702  
07/21/03--01044--005 \*\*300.00

CR2E081 (10/02)

*Attaghmenet*

# J.C. MOLINA & CO.

ACCOUNTING, TAX & FINANCIAL SERVICES

June 26, 2003

UNIFORM BUSINESS REPORT  
DIVISION OF CORPORATION  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

Ref: Document P95000010751

Dear Sir:

I am writing this letter on behalf of our client RODRIGUEZ AUTO TRANSPORT, CORP. who was unable to paid on time the annual report due to the fact: 1) They never received such a form. 2) His former accountant who care about it was diagnosed with cancer in the liver and he was unable to perform in completing his duties. Finally we got the report form from internet and we are sending it to you with the check of \$150.00 to pay the annual report for the year 2002.

We hope that your generosity and understanding of this matter especially at this moment will be sufficient enough to avoid any penalty and the Company will become active again..

*Handwritten signature*  
Cordially yours,

Julio C. Molina  
Accountant