

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000015408

1. Corporation Name

ISO Transport, Inc.

2. Principal Office Address

8680 NW 15th Court

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

Zip

33024

Country

USA

3. Mailing Office Address

112 Elizabeth Harrison Lane

Suite, Apt. #, etc.

City & State

Williamsburg, VA

Zip

23188

Country

USA

FILED

04 MAR 10 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800029332678
02/25/04--01008--004 **150.00

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

February 1995

5. FEI Number

65-0552669

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

David Isolano

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

8680 NW 15th Court

Suite, Apt. #, Etc.

City

Pembroke Pines

State

FL

Zip Code

33024

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

3/5/04

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	David Isolano, President/Director	8680 NW 15th Court	Pembroke Pines, FL 33024

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

2/13/04

Daytime Phone #

(954) 325-8793

CR2E081 (10/02)