

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



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

01 FEB -7 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000018086

1. Corporation Name **TRANSPORT MANAGEMENT CORP.**

**7967 N.W. 64 STREET
MIAMI, FLORIDA 33166**

2. Principal Office Address
7967 N.W. 64 STREET

Suite, Apt. #, etc.

City & State
MIAMI, FLORIDA

Zip **33166** Country **U.S.**

3. Mailing Office Address
SAME

Suite, Apt. #, etc.

City & State

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida **03/06/1995**

5. FEI Number **52-2291411**

Applied For
Not Applicable

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

REINSTATEMENT 96-01

7. Name and Address of Current Registered Agent

Name **JUSTO SANDOVAL S.**

Street Address (P.O. Box Number is Not Acceptable)
7967 N.W. 64 STREET

Suite, Apt. #, Etc.

City **MIAMI**

State **FL** Zip Code **33166**

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

Justo Sandoval
REGISTERED AGENT MUST SIGN

01/31/2001

Date

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
PRSS	JUSTO SANDOVAL S.	7967 N.W. 64 STREET	MIAMI, FLORIDA 33166
V-P	JUSTO SANDOVAL S.	7967 N.W. 64 STREET	MIAMI, FLORIDA 33166
SECT	JUSTO SANDOVAL S.	7967 N.W. 64 STREET	MIAMI, FLORIDA 33166
TRASR	JUSTO SANDOVAL S.	7967 N.W. 64 STREET	MIAMI, FLORIDA 33166
			4000003746194--0 -02/21/01-01102-018 ***1500.00 ***1500.00

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

Justo Sandoval
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/31/2001

Date

800-500-7330

Daytime Phone #