APPLICATION FOR REINSTATEMENT

Sandra B. Mortham
Secretary of State

DOCUMENT # P98000028017

FILED
99 MAR 24 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name of Corporation
MEGA TRANSPORTATION, INC.

Principal Place of Business	Mailing Address
5437 NW 72 Avenue Miami, FL 33166	5437 NW 72 Avenue, Miami, FL 33166

REINSTATEMENT 98-99 TCB 3/24/99

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FE Number 65-0585696 (Applied For / Not Applicable)

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

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City, State / Zip 4
P	Alejandro Craig	18840 N.W. 80 Ct.	Miami, FL 33015
P	Ana Mir	3660 NW 17 St	Miami, Fl 33125

5 100028820445--6
-03/26/99--01102--006
****900.00 ****900.00

8. Name and Address of Current Registered Agent

Leonardo A. Roth, Esq.
PH2, 9350 S. Dixie Hwy.
Miami, FL 33156

9. Name and Address of New Registered Agent

Name: Ana Mir
Street Address (P.O. Box Number is Not Acceptable): 3660 NW 17 St
Suite, Apt. #, Etc.:
City: Miami
State: FL
Zip Code: 33125

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: [signature]
REGISTERED AGENT MUST SIGN

Date: 3/16/99

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information on intangible tax.)

12. 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] Ana T. Mir
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/99
Date

(305)
Daytime Phone #