| REIN | PLICAT FOR GTATE | | READ A | FLORID/ | | of State | | | PMOVED AND FILED 17 AMIO: 11 | |
|--|----------------------------------|------------------------------------|---|---|---|--|--|------------------------|---|---------|
| DOCUMENT # P95000044199 1. Corporation Name SOUTH FLORIDA TRANSPORT, INC. | | | | | | | SEURETARY OF STATE TALLAHASSEE, FLORIDA | | | |
| Principal Place of Business 5979 S.W. 50TH TERRACE MIAMI FL 33155 | | | | Mailing Address 5979 S.W. 50TH TERRACE MIAMI FL 33155 | | | | | | |
| If above addresses are incorrect in any way, line throws. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State | | | ough incorrect information and enter 3. New Mailing Office Address, II Suite, Apt #, etc. City & State | | | 4. Date Incorp To Do Busii 5. FEI Numbe | corporated or Qualified O6/08/1995 mber 65-0586742 Applied For Not Applied by | | | |
| Zip Country | | | Zip | | Country | 6. CERTIFICAT | E OF STATUS DESIRED [| \$8.75 Additional F | ee required of Status | |
| 7. Names and Street Addresses of Each Officer and/or Direct Name of Officers and/or Directors 2 PD NUNEZ, ALEX | | | r Director (Fto | 3 (Do No | orporations must list at lea Street Address of Each Officer and/or Director O1 Use Post Office Box I | | | | | |
| STD NUNEZ, MAITE | | | | 5979 S.W. 50TH TERRACE | | 00 | MIAMI FL 33155 | | | |
| | 8. Nan | ne and Addres | s of Current R | egistered Age | nl | \ \d | 11 1 8 9. Name and | Address of New Regis | tered Agent | |
| NUNEZ, MAITE 5979 S.W. 50TH TERRACE MIAMI FL 33155 | | | | | Namo Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code | | | | | |
| 10. I, being Signature of Registered | of | n registered ag | ont of this abov | Mez | oration, am famil | I liar with and accept the o | bligations of Soct | ion 607.0505, F.S. | FL . 97 | |
| | | | | | e current June 30. | | No 🗌 | | her side for information in Intangible tax.) | 1 |
| this rein | nstatement ap by the corporal | plication, the re ion have been | ason for dissolu paid and the na | ution has been imes of individ | eliminated, the uals listed on th | ecute this application as p corporate name satisfies its form do not qualify for all effect as if made unde | the requirements an exemption un | of section 607.0401 or | 617.0401, F.S., that a | II fees |



November 12, 1997

USDOT 608995

Division of Corporations
Annual Report / Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314-6327

As per our phone conversation today, enclosed please find the application for reinstatement along with a check for \$165.00. As I explained this is the first time we receive the Annual report for 1997.

Thanking you in advance for your attention to this matter.

Sincerely,

Maite Nunez