

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 MAY 13 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

795000076196

1. Corporation Name

Trans-Port International, Inc.

Principal Place of Business

Mailing Address

2622 NW 72nd Ave.
Miami, Florida 33122

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

2. New Principal Office Address, If Applicable
1630 NW 108th Ave.

Suite, Apt. #, etc.

City & State

Miami, Florida
Zip Country
USA

3. New Mailing Office Address, If Applicable
9737 NW 41st St.

Suite, Apt. #, etc.

Suite 120

City & State

Miami, Florida
Zip Country
33178 USA

4. Date Incorporated or Qualified
To Do Business in Florida 10/5/95

5. FEI Number

65-0611498

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
D; P	Julia Ospina	1630 NW 108th Ave.	Miami, Florida

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****900.00 ****900.00

8. Name and Address of Current Registered Agent

Julia Ospina
1630 NW 108th Ave.
Miami, Florida

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Julia Ospina

REGISTERED AGENT MUST SIGN

Date

05/09/98

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:

Julia Ospina

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Julia Ospina, President

Date

Daytime Phone #

CR2ED040 (12/96)