APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS	

99 JUN 18 AM 8: 20
STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000086292

1. Corporation Name

ANTUNEZ TRANSPORT

Principal Place of Business   Mailing Address

241 NW 107 way
Coral springs FL 33671

REINSTATEMENT 96-99

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	4. Date Incorporated or Qualified To Do Business in Florida 11/08/1995
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number 65 0638170 ☐ Applied For ☐ Not Applicable
City & State	City & State	6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status
Zip	Country	Zip	Country	

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 3 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
D	Alejandro Antunez	241 NW 107 way	Coral springs FL 33071 241 NW 107 way
			200002918722---4 -06/29/99--01057--022 ****700.00 ****700.00
			200002918722---4 -06/29/99--01057--023 ****508.75 ****508.75
			LS

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
ANTUNEZ, Alejandro 241 NW 107 way CORAL SPRING FL 33071	Name **Same as above** Street Address (P.O. Box Number is Not Acceptable) Suite, Apt #, Etc City State **FL** Zip Code

CR2E081 (12/98)

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 _____ REGISTERED AGENT MUST SIGN   Date 6/9/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30.   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: _____ Alejandro Antunez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   6/7/99 /Date   (954) 255 5457 Daytime Phone #