

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P96000025010**

1. Corporation Name
DUECE TRANSPORT INC.

Principal Place of Business
**13781 S.W. 158 TERRACE
MIAMI FL 33177**

Mailing Address
**13781 S.W. 158 TERRACE
MIAMI FL 33177**

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

03/21/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0659801

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	Robert Esparragoza	13781 SW 158Terrace	Miami Fl. 33177
V/P	Isabel Esparragoza	13781 SW 158Terrace	Miami Fl. 33177
			800002361268--4 -12/02/97--01085--003 ****165.00 ****165.00

8. Name and Address of Current Registered Agent

**ESPARRAGOZA, ROBERT M
13781 S.W. 158 TERRACE
MIAMI FL 33177**

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

R. Esparragoza

REGISTERED AGENT MUST SIGN

Date

11-26-97

11. This corporation owes or has paid 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:

R. Esparragoza
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-26-97

CR25040 (9/97)

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DUECE TRANSPORT, INC
13781 SW 158 TERRACE
MIAMI, FL 33177
(305) 233-4815

November 12, 1997

Division of Corporation
P.O. Box 6327
Tallahassee, FL

Attn: Sean

RE: P96000025010

Gentlemen:

As per our conversation, I am sending you the reinstatement form, along with the check for \$165, to cover the annual report.

I had made the proper corrections and mailed it back to you, but apparently it got lost in the mail.

Please accept my payment and if you have any questions do not hesitate to contact me at the following number: (305) 233-4815.

Yours sincerely,


Robert Esparragoza
President

RD:is

Enclosure