

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 MAY -6 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000031854

1. Corporation Name

LEBT WAY TOURS SERVICES INC.

2. Principal Office Address

645 IVES DAIRY RD #310
NORTH MIAMI FL

Suite, Apt. #, etc.

Apt # 310

City & State

NORTH MIAMI - FL

Zip

33179

Country

USA

3. Mailing Office Address

645 IVES DAIRY RD

Suite, Apt. #, etc.

Apt # 310

City & State

NORTH MIAMI - FL

Zip

33179

Country

USA

2001-2002 UBR

4. Date Incorporated or Qualified
To Do Business in Florida

04/08/96

5. FEI Number

65-0663823

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

HENRIQUE LELIS CONCEICAO

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

645 IVES DAIRY ROAD

Suite, Apt. #, Etc.

Apt 310

City

NORTH MIAMI - FLORIDA

State

FL

Zip Code

33179

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

HENRIQUE LELIS CONCEICAO

REGISTERED AGENT MUST SIGN

Date

04-29-02

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	HENRIQUE LELIS CONCEICAO	645 IVES DAIRY RD #310	N. MIAMI - FL-33179
VD	VALENA OLIVEIRA	645 IVES DAIRY RD #310	N. MIAMI - FL-33179

05/21/01 90363002 \$150.00

150.00 - AR only

10. 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.

305

SIGNATURE:

HENRIQUE LELIS CONCEICAO

MIAMI 04/29/02 6509610

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

222

LIEBT WAY TOURS SERVICES, INC.

645 IVES DAIRY RD APT 310- NORTH MIAMI - FL- 33179

E-mail = liebtway@bellsouth.net

Phones: 305- 650-9610- Fax- 305-650-9510-

April,24,2002

FROM:. LIEBT WAY TOURS SERVS

TO : FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
PO BOX 6327 TALLAHASSEE, FL, 32314

Att. Michelle Milligan

Dears

Thank you for give me the opportunity of the fix this mistake, last year, WHEND we renew and paid the annual profit corporation, we already made with our actual address, but we don't know what happen, because we not receive any letter from this department, So we was Thinking that everything was Ok, I was at my account services, for pay the renew of Year 2002, come to my knowledge that my company was at holding, so please fix that for me, Attached with this letter all, document that will show you everything.

We would like to take this opportunity to change the new name of this CORPORATION

ACTUAL :. LIEBT WAY TOURS SERVICES INC

TO:. JIREH TRANSPORTATION SERVICES INC.
645 IVES DAIRY ROAD APT 310 – NORTH MIAMI, FL, 33179

Sincerely,



Henrique Lelis Conceicao
Diretor President

Letter Number 102A00019423