


APPROVED AND FILED PS 182

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

04 OCT 18 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name
V.S. Ros Transport Corp.
P96000056662

2. Principal Office Address 12900 SW 190 ST Suite, Apt. #, etc.		3. Mailing Office Address P.O. Box 770746 Suite, Apt. #, etc.	
City & State Miami FL		City & State Miami FL	
Zip 33177	Country USA	Zip 33177	Country USA

REINSTATEMENT 03-04
8/13/03 90074 012 150.00

4. Date Incorporated or Qualified To Do Business in Florida

5. EEI Number
65-0679357

6. CERTIFICATE OF STATUS DESIRED ☐ **\$8.75 Additional Fee required for a Certificate of Status**

Applied For
Not Applicable

7. Name and Address of Current Registered Agent

Name
Isabel L. Ros

Street Address (P.O. Box Number is Not Acceptable)
12900 SW 190 ST

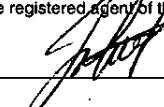
Suite, Apt. #, Etc.

City
Miami FL

State
FL

Zip Code
33177

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  **Date** 10-15-04

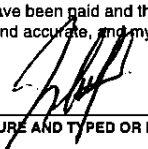
REGISTERED AGENT MUST SIGN

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
D	Isabel L. Ros	12900 SW 190 ST	Miami FL 33177

300041950059
10/18/04--01095--003 **150.00

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.

SIGNATURE:  **Date** 10-15-04 **Daytime Phone #**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/04)

PS 292

Oct 15, 2004

To: Reinstatement Section
From: U.S. Ros Transport Corp.

To whom it may concern:

We have a pleasure to inform that we have not receive the filling document by mail in order to keep our corporation outstanding.

In 2003 we inform about our P.O Box 770746 Miami- FL 33177 which is our mailing addresses and send a payment of \$150.00 with a attached letter explain that we never receive a filling document by mail, we thought that the problem has been resolved.

also in (2004) this year, we called again because we was very worried about the same situation just like last year and we send a ck for \$150.00. for this year.

Please we need your cooperation to have this matter result as soon as possible.

Thank you very mucho

Isabel Ros
(Isabel Ros)