

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Morris

Secretary of State

DIVISION OF CORPORATIONS

FILED 0
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 FEB -1 PM 4:05

DOCUMENT #

P96000078203

1. Corporation Name

ACE TRANSPORT INC.

P.O. BOX 5564

SPRING HILL FL 34611-5564

2. Principal Office Address

P.O. BOX 5564

Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX 5564

Suite, Apt. #, etc.

City & State

SPRING HILL, FL

Zip

34611

Country

US

City & State

SPRING HILL, FL

Zip

34611

Country

US

REINSTATEMENT 00-01

4. Date Incorporated or Qualified

To Do Business in Florida 9/19/1996

5. FEI Number

59-3408701

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

MOHAMED HAFEZ

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

13339 CORTEZ BLVD

Suite, Apt. #, Etc.

City

BROOKSVILLE

State

FL

Zip Code

34613-4888

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

REGISTERED AGENT MUST SIGN

Date 1-26-01

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
P	MOHAMED HAFEZ	P.O. BOX 5564	SPRING HILL, FL 34611
D	NASSER ELMANSOURY	12900 CORTEZ BLVD	BROOKSVILLE, FL 34613
D	ALLAMM REHEEM	12900 CORTEZ BLVD	BROOKSVILLE, FL 34613

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/01

Date

(352) 666-3555

Daytime Phone #