

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

APR 30 PM 2:15

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS, FLORIDA

DOCUMENT # P97000006708

1. Corporation Name

PHOENIX TRANSPORT, INC

Principal Place of Business

Mailing Address

1607 PONCE DE LEON BLVD CORAL GABLES, FL 33134

1607 PONCE DE LEON BLVD CORAL GABLES FL 33134

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, if Applicable 7060 NW 52ND ST Suite, Apt #, etc.

3. New Mailing Office Address, if Applicable 7060 NW 52ND ST Suite, Apt #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

1/23/1997

5. FEI Number

65-0724144

Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X]

\$8.75 Additional Fee required for a Certificate of Status

City & State MIAMI FL

Country USA

Zip 33166

City & State MIAMI FL

Zip 33166 Country USA

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

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Includes entries for Perez, Osvaldo and Garcia, Armando C.

500002868105-8 05/07/99 01132-009 ****908.75 ****908.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NUNEZ, ALEJANDRO E SR 1607 PONCE DE LEON BLVD STE 101 CORAL GABLES, FL 33134

Name ARMANDO GARCIA Street Address (P.O. Box Number is Not Acceptable) 233 SW 99th Avenue Suite, Apt #, Etc.

City MIAMI State FL Zip Code 33174

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

Handwritten signature of the registered agent

REGISTERED AGENT MUST SIGN

Date 4/29/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes [] No [X]

(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Handwritten signature of the signing officer or director

Date 4/29/99

Daytime Phone # 305-513-8780