

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUN 28 AM 11:13

DOCUMENT #

1. Corporation Name

UNIFIED FREIGHT SERVICES INC
#P97000010354

REINSTATEMENT 99-204

2. Principal Office Address

8020 N.W. 66th ST.

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

MIAMI, FLA.

City & State

Zip

33166

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1/21/1997

5. FEI Number

65-0726919

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

ROBERT A. NITTI

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

8020 N.W. 66 ST.

Suite, Apt. #, Etc.

City

MIAMI

400038482454

06/30/04 01040 007 **\$00.00

State

FL

Zip Code

33166

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 6/7/04

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
PRES	ROBERT A. NITTI	8020 NW 66 ST	MIAMI, FL 33166
SECY			

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

6/7/04

Date

305 477 2704

Daytime Phone #

CR2E081 (01/04)

2 of 2

UNIFIED FREIGHT SERVICES

8020 N.W. 66th. STREET
Miami, Florida 33166

To whom it may concern:

Due to the fact that Unified moved and did not receive the proper paper work

I would like to request that you waive the \$600.00 fee. I am enclosing a check for \$900.00

\$900.00 for reinstatement. Your consideration and cooperation would be greatly
appreciated. Thank You.

Sincerely

Robert A. Nitti

ENCLOSURE:

CK # 366