

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000011692

1. Corporation Name
J.A.M. TRANSPORT, CORP.

Principal Place of Business Mailing Address
20010 SW 113th Place
Miami, FL

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

2. New Principal Office Address, If Applicable
2802 W. 3rd Ave.

Suite, Apt. #, etc.
Bay # 2

City & State
Hialeah, FL

Zip
33010

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida 02/03/97

5. FEI Number
65-0728275

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	Magdeline Marsan	2802 W. 3rd Ave. Bay# 2	Hialeah, FL 33010
			51000013023045-5 -10/22/93--01118--019 ****900.00 ****900.00

REINSTATEMENT 98-99 TS

8. Name and Address of Current Registered Agent

Julian A. Medina
20010 SW 113th Place
Miami, FL

9. Name and Address of New Registered Agent

Name
Magdeline Marsan
Street Address (P.O. Box Number is Not Acceptable)
2802 W. 3rd Ave. Bay# 2
Suite, Apt. #, Etc.
City Hialeah State FL Zip Code 33010

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 (X) Magdeline Marsan
REGISTERED AGENT MUST SIGN

Date 4/14/99

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(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:

(X) Magdeline Marsan

Prepared By: Magdeline Marsan 2802 W. 3rd Ave. Bay# 2 Hialeah, FL 33010

Date Daytime Phone

CR20040 (1/98)