

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P97000016536

1. Corporation Name

ACE RECOVERY CO. & TRANSPORTATION SYSTEMS, INC.

Principal Place of Business

13812 SOUTHWEST 144TH AVE. ROAD  
MIAMI FL 33186

Mailing Address

13812 SOUTHWEST 144TH AVE. ROAD  
MIAMI FL 33186

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, Etc. 79230 SW 136 ST.

City & State

MIAMI FL

Zip 33186

3. New Mailing Office Address, If Applicable

Suite, Apt. #, Etc. 79230 SW 136 ST

City & State

MIAMI FL

Zip 33186

Country DADE

REINSTATEMENT 98/99

4. Date Incorporated or Qualified  
To Do Business in Florida

02/20/1997

5. FEI Number

65-0804439

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)

| Title(s) | Name of Officers<br>and/or Directors | Street Address of Each<br>Officer and/or Director<br>3 (Do NOT Use Post Office Box Numbers) | City / State / Zip |
|----------|--------------------------------------|---|--------------------|
| P        | GONZALEZ, CARMELO                    | 13812 SOUTHWEST 144TH AVE. ROAD   | MIAMI FL 33186     |
| S        | GONZALEZ, DANA LYNN                  | 13812 SOUTHWEST 144TH AVE. ROAD   | MIAMI FL 33186     |

2000003006612--E

-10/06/93-01003--015  
\*\*\*\*750.00 \*\*\*\*750.00

2000003006612--E

-10/06/99-01003--016  
\*\*\*\*158.75 \*\*\*\*158.75

8. Name and Address of Current Registered Agent

GONZALEZ, CARMELO  
13812 SOUTHWEST 144TH AVE. ROAD  
MIAMI FL 33186

9. Name and Address of New Registered Agent

Name CARMELO GONZALEZ  
Street Address (P.O. Box Number Is Not Acceptable) 13812 SW 144 AVE RD.  
Suite, Apt. #, Etc. MIAMI  
City MIAMI State FL Zip Code 33186

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

REGULAR AGENT MUST SIGN

Date

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)(l), 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 TYPE OR PRINT NAME OF SIGNING OFFICER OR DIRECTOR

CARMELO GONZALEZ 9/7/99 KE

Date 305 6331666 Daytime Phone #

CR2040 (9/98)

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