

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 NOV 19 PM 3:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PN000038112**

1. Corporation Name **WRP TRANSPORTATION, INC.**

2. Principal Office Address
P.O. Box 530601
Suite, Apt. #, etc.

3. Mailing Office Address
P.O. Box 530601
Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33153 Country
U.S.

Zip
33153 Country
U.S.

4. Date Incorporated or Qualified
To Do Business in Florida **1996**

5. FEI Number
65-0746644 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
William R. Perry
Street Address (P.O. Box Number is Not Acceptable)
340 NE 94th St
Suite, Apt. #, Etc.
City
MIAMI

400009176214
11/22/02--01085--001 **783.75
400009176214
11/22/02--01085--002 **125.00

State
FL Zip Code
33138

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 **[Signature]**
REGISTERED AGENT MUST SIGN

Date **4/16/02**

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.	WILLIAM R. PERRY	340 NE 94th St.	MIAMI, FL 33138

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]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/02 **305-754-4977**
Date Daytime Phone #

CR2E081 (9/01)