

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

0002 UBR
Catherine Harris
Secretary of State
DIVISION OF CORPORATION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

02 FEB -1 PM 12:03

DOCUMENT # *P97000074645*

1. Corporation Name

Amigo Transportation, INC.

600004915476--2
-02/13/02--01071--013
*****450.00 ****450.00*

2. Principal Office Address

22349 General St

Suite, Apt. #, etc.

3. Mailing Office Address

22349 General St.

Suite, Apt. #, etc.

City & State

Boca Raton, Fl.

City & State

Boca Raton, Fl.

Zip

33428

Country

Zip

33428

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/27/1997

5. FEI Number

65-0776923

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

Ivett Urbina

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

10719 Palm Spring Rd.

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33428

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

Ivett A. Urbina

REGISTERED AGENT MUST SIGN

Date *1-25-02*

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
<i>PSTD</i>	<i>PULIDO, HERNANDO</i>	<i>22349 General St.</i>	<i>Boca Raton, Fl. 33428</i>

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

12/20/01

Date

561-212-0933

Daytime Phone #

CR2E081 (8/00)

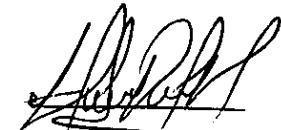
Dec. 20, 2001

202

Secretary of State
Division of Corporation
Reinstatement Department
Tallahassee, FL.

I am writing to ask you for a waiver of reinstatement fees. The reason why we are asking you that is because we never received a letter or a bill from your department. We will appreciate your consideration in this matter. Attached you will find the reinstatement form along with a \$300 check for 1999 and 2000 fees. Thanks again for your attention to this matter.

Sincerely,



Hernando Pulido
Amigo Transportation, INC.
FEI 65-0776923
Document # P97000074645
22349 General Street
Boca Raton FL 33428