

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAR -9 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #P97000108269

1. Corporation Name

KIMTECK TRANSPORTATION, Inc.

2. Principal Office Address

PO Box 622211

Suite, Apt. #, etc.

City & State

ORLANDO

Zip

32837

Country

USA

3. Mailing Office Address

SAME.

Suite, Apt. #, etc.

City & State

FLA.

Zip

Country

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

Dec 26-1997

5. FEI Number

593484842

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

Rafael Rodriguez

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

310 1/2 S. Bumby Ave

Suite, Apt. #, Etc.

City

Orlando FL

State

FL

Zip Code

32803

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]

Date

3/11/09

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.	Boris A. Saez	3837 TOWNSHIP Square	Orl FLA 32837.
Sec.	ISABEL Perez	3837 Township Square	Orl FLA 32837

200030597382

03/17/04--01016--017 **750.00

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)(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] Boris A. Saez

Date

3-5-04

Daytime Phone #

907.448-4901

CR2E081 (01/04)