

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 MAR 26 PM 1:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # p98000015709

1. Corporation Name

LCE TRANSPORT INC.

2. Principal Office Address

5425 NW 72 Avenue

Suite, Apt. #, etc.

City & State

Miami-FLorida 33166

Zip

33166

Country

USA

3. Mailing Office Address

14702 SW 36 Terrace

Suite, Apt. #, etc.

City & State

Miami-FLorida 33185

Zip

33185

Country

USA

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

5. FEI Number

65-0812896

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

REINSTATEMENT 00-01

7. Name and Address of Current Registered Agent

Name

LUIS I. SAINZ

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

14702 SW 36 Terrace

Suite, Apt. #, Etc.

City

Miami-FLorida

State

FL

Zip Code

33185

000004064080-7
-04/24/01--01075-013
******900.00 ****900.00**

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

Date **3-20-01**

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
PD	Zaldivar, Enriqueta	14702 SW 36 Terrace	Miami-FLorida 33185
VP	SAINZ LUIS	14702 SW 36 Terrace	Miami-FLorida 33185

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-20-01

CH2001 (9/95)