

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 MAR 21 PM 4:06

DOCUMENT # P98000057361

1. Corporation Name

Miami Bus Service, Corp.

2. Principal Office Address

10460 SW 26 St

3. Mailing Office Address

10460 SW 26 St

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

Miami, FL

City & State

Miami, FL

Zip

33165

Country

Zip

33165

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

6/25/98

5. FEI Number

650851256

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

Mayte L. Perez

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

10460 SW 26 St.

Suite, Apt. #, Etc.

N/A

City

Miami

State

FL

Zip Code

33165

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

3/18/02

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	Mayte L. Perez	10460 SW 26 St.	Miami, FL 33165
VD	Mayling Hernandez	10460 SW 26 St.	Miami, FL 33165
T	Alberto Hernandez	10460 SW 26 St.	Miami, FL 33165

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]* (Mayte L. Perez)

3/18/02

(305) 586-3144

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MIAMI BUS SERVICE, CORP

March 18, 2002

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl. 32314

Dear Sir or Madam:

This letter serve to inform that I did not received the Annual Report form in 2001 and 2002.

Enclosed please find a copy of address change request.

Sincerely,



Mayte L. Perez  
President