

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

99 OCT 13 AM 11:36

DOCUMENT # P98000057427

1. Corporation Name

M & C TRANSPORT SERVICES, INC.

Principal Place of Business

Mailing Address

11500 N.W. South River Dr. P.O. Box 160718
 Suite #2 Hialeah, FL 33016-
 Medley, FL 33178 0012

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified To Do Business in Florida

06/26/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0846121

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED

SEE INSTRUCTIONS FOR FILING

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	Angel Mesa	12323 NW 98th Ave.	Hialeah Gardens, FL 33018

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Angel Mesa
 12323 NW 98th Ave.
 Hialeah Gardens, FL 33018

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0808, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/12/99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information on Intangible tax.)

12. 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)(b), F.S. The information included on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TITLE OF REGISTERED AGENT OR DIRECTOR

10/12/99

Date

Daytime Phone

H99000025815 4

**Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State**

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H99000025815 4))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

**Division of Corporations
Fax Number : (850) 922-4004**

From:

**Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346**

CORPORATION REINSTATEMENT

M & C TRANSPORT SERVICES, INC.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$758.75