

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 DEC -1 PM 12:27

DOCUMENT # P98000087792

1. Corporation Name

B. & Z. TRANSPORT, CORP.

2. Principal Office Address - No P.O. Box #

9715 SW 114TH CT

Suite, Apt. #, etc

3. Mailing Office Address

9715 SW 114TH CT

Suite, Apt. #, etc

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33176

Country

USA

Zip

33176

Country

USA

400163210734
12/01/09--01016--007 **300.00

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

10/14/1998

5. FEI Number

65-0869950

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

ZURAMA BECERRA

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

9715 SW 114TH CT

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33176

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 **11/18/2009**

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
P	ZURAMA BECERRA	9715 SW 114TH CT	MIAMI FL 33176
VP	JOSE R BECERRA	9715 SW 114TH CT	MIAMI FL 33176

REINSTATEMENT OF 09 B 12/2/09

10. E-mail Address:

(To be used for future annual report notification)

11. 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. I further certify, 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:

JOSE R BECERRA

11/18/2009 305-896-1454

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #