

2006 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

06 NOV -6 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11032006 REIN-P CR2E098 (11/05)

DOCUMENT # P99000021386

1. Entity Name
DIRECT TRANSPORT, INC.



Principal Place of Business
8840 NW 108 LANE
HIALEAH GARDENS, FL 33018

Mailing Address
8840 NW 108 LANE
HIALEAH GARDENS, FL 33018

2. Principal Place of Business
6801 NW 77 AVE
Suite, Apt. #, etc.

3. Mailing Address
6801 NW 77 AVE
Suite, Apt. #, etc.

City & State
MIAMI, FL
Zip
33166
Country
DADE

City & State
MIAMI, FL
Zip
33166
Country
DADE

4. FEI Number
65-0901303
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOPEZ, MARLENE
8840 NW 108 LANE
HIALEAH GARDENS, FL 33018

7. Name and Address of New Registered Agent

Name
MICHAEL CASTELLANNI
Street Address (P.O. Box Number is Not Acceptable)
6801 NW 77 AVE Ste. 308
City
MIAMI FL Zip Code
33166

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT LOPEZ, MARLENE 8840 NW 108 LANE HIALEAH GARDENS, FL 33018	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/DIRECTOR MICHAEL CASTELLANNI 6801 NW 77 AVE Ste. 308 MIAMI, FL, 33166	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	200081759742 11/14/05--01053--015 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DATE Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #