## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	03 NOV -3 AM 10: 26  SECHETARY OF STATE TALLAHASSIFE, FLORIDA
DOCUMENT # P9900021774  1. Corporation Name		
ASAP TRANSPORT	ration Enterprises c	200
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in the common of	and the second of the second o	The same of the sa
2. Principal Office Address	3. Mailing Office Address	DEMOTATEMENT
3876 SW 112AVE	Som	] REINSTATMENT 03
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
312		4. Date Incorporated or Qualified To Do Business in Florida
City & State	City & State	5. FEI Number, Applied For
Zip Country	Zip Country	650920351 Not Applicable
33165 USA		6. CERTIFICATE OF STATUS DESIRED   \$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Name ~ 0		
-lorge H	verez	
Street Address (P.O. Box Number is Not Acceptable) 11/03/0301081005 **150.00		
Suite, Apt. #, Etc.		
City State Zip Code		
MIAMI FL 33185		
8. I, being appointed the registered agent of the above hanged corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.		
8. I, being appointed the registered agent of the above hanced corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent  PEGISTRES AGENT MUST SIGN		
Registered Agent Date 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 Eac Officer and/or Direct	
Preside Zayin Pere	2 354350 911	ru Mimi Da 33165
Rusio Jorge Pere	2 3121561510	+ Mani Ple 33185
	-	
	2mm	
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 Daylime Phone #		

1200

September 26, 2003

Secretary of State

RE: Reinstatement of Corporation # 650-920351 Corporations Name: ASAP Transportation Enterprises, Corp

In April 28, 2003, a check in the amount of \$150.00 was sent to your office for payment and was lost in the transition. I spoke to one of your representatives and was told that the corporation had been deactivated due to this mishap. The representative also informed me that all I needed to do to reinstate the corporation was to mail out a check immediately.

As you will see attached is the check in the amount \$150.00, Thanking you in advance for your cooperation in this matter.

Respectfully,

Jorge Perez