

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 OCT 19 PM 5:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000024272**

1. Corporation Name

J. & J. TRANSPORT OF TAMPA, INC.

Principal Place of Business

Mailing Address

6005 N. CAMERON AVE.
TAMPA FL 33614

6005 N. CAMERON AVE.
TAMPA FL 33614

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

03/17/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3563586

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	GARCIA, LOIRET	6005 N. CAMERON AVE.	TAMPA FL 33614

100004686221--4
-11/16/01--01105--012
****150.00 ****150.00

8. Name and Address of Current Registered Agent

GARCIA, LOIRET
6005 N. CAMERON AVE.
TAMPA FL 33614

9. Name and Address of New Registered Agent

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 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/16/01

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 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

Daytime Phone #

10/16/01 (813) 889-9765

October 16, 2001

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

RE: J & J Transport of Tampa, Inc.
Document #P99000024272

To Whom it may concern:

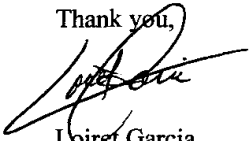
Enclosed please find my check for \$150.00 for reinstatement along with this letter
Of explanation.

I apologize for not filing on time, however I did not receive the application at anytime
this year until now. I did receive one early last year and I was not familiar with the form
so I took it to my accountant and he told me what to do, but like I said this year I did not
get one or any forms that look unfamiliar for that matter.

I would appreciate your cooperation in this matter and I will know now that if I don not
receive one in the early part of the year to call and request one.

Once again your cooperation is appreciated and I do apologize for any inconvenience this
might have caused.

Thank you,


Joiret Garcia
President