

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2019 JUL 29 PH 3:41

DOCUMENT # 299000028971

1. Corporation Name  
C.R.D. Transportation Service, Inc.

2. Principal Office Address - No P.O. Box #  
6210 SW 130<sup>th</sup> Avenue

Suite, Apt. #, etc  
# 1004

City & State  
Miami, Florida

Zip Country  
33183 USA

3. Mailing Office Address  
6210 SW 130<sup>th</sup> Avenue

Suite, Apt. #, etc  
# 1004

City & State  
Miami, Florida

Zip Country  
33183 USA

300  
07/29/19  
CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida  
03/30/1999

5. FEI Number  
65-0907827

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  
Carlos Restrepo  
Street Address (P.O. Box Number is Not Acceptable)  
6210 SW 130<sup>th</sup> Avenue  
Suite, Apt. #, Etc.  
# 1004  
City State Zip Code  
Miami, Florida FL 33183

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  
REGISTERED AGENT MUST SIGN

Date 7/22/19

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      | Carlos Restrepo                   | 6210 SW 130 <sup>th</sup> Avenue<br># 1004     | Miami, FL 33183    |
|        |                                   |                                                |                    |
|        |                                   |                                                |                    |
|        |                                   |                                                |                    |
|        |                                   |                                                |                    |

10. E-mail Address: info@JCACONSULTANT.CO

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 7/22/19  
DAYTIME PHONE #