## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION** REINSTATEMENT



## FLORIDA DEPARTIMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CO (PORATIONS

DOCUMENT # *P99000033924* 

1. Corporation Name

D&G. TRANSPURT. SERVICES, INC

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

2. Principal Office Address 3021 NW 164 ST			3021	3. Malling Office Address 3021 NW Suite, Apt. #, etc.  City.& State  MIAMI Zip 33054		l	REINSTATEMENT 00-01				
Suite. Apt. #, etc.			City.& State  LICAL  Zip				4. Date Incorporated or Qualified To Do Business in Florida  797 14, 1999  5. FEI Number 65 - 09 1 1 3 3 8  CERTIFICATE OF STATUS DESIRED  88.75 Additional Fee required for a Certificate of Status				
7. Name and Ad Iress of Current Registered Agent  Name  STINLE V E. JOHNSON, JR. ESQ. 40004274834-5  Street Address (P.O. Box Number is Not Acceptable)  1444 BLS COLYNE BLVO *****908.75 *****908.75  Suite, Apt. #, Etc.  SUCTE 230  City  MCAMIC,  State Zip Code  FL 33132											
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 Must SIGNATURE AGENT MUST SIGNATURE AGENT MUST SIGNATURE AGENT MUST SIGNATURE AGENT AGEN											
	Names and Street Addresses of Each Officer and/or Director (Florida nonprofit Titles Name of					Street Address of Each			City / State / Zip		
Pres	Dene	Officers and/or Directors	PLING	302		. Lo U	51	nam		33054	
V. Pres Sec.	Gan	0	NG LLINC	319		Crof+ Crof+	·	Мічамає Мікамає	EL Z FI	33025 33025	
Trus.	Lor	STER	PLINC	3021	N.W.	16455	· .	Міаці	FI	330 <b>5€</b>	
🔰 this rei	instatement appl	ficer or director or the rece ication, the reason for dis- n-have-been paid and the	solution has beer	n eliminated,	ne corporate na	me satisfies th	ne requirements	of section 607.0401	or 617.0401, É	.S., that all fees	
	ar ofication is tro	ue and accurate, and my		TIOCEC		made under o	oath.	it March	Qı	54 443-3200	