PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 MAY -2 PM 3:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000053353

1. Corporation Name

R & K Transport Services, Corp.

REINSTATEMENT 00-06

CR2E081 (12/05)

2. Principal Office Address	3. Mailing Office Address
5440 NW 181 Terrace	5440 NW 181 Terrace
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State: Miami, FL
Zip: 33055 Country: USA	Zip: 33055 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 6/11/99

5. FEI Number: 65-0926820 ☐ 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: Ramon Sanchez

(Street Address (P.O. Box Number is Not Acceptable)): 5440 NW 181 Terrace

500074360045
05/11/06--01005--022 **165.00

Suite, Apt. #, Etc.:

City: Miami, FL State: FL Zip Code: 33055

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: Ramon Sanchez
REGISTERED AGENT MUST SIGN

Date: 4/24/06

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Ramon Sanchez	5440 NW 181 Terrace	Miami, FL 33055
VP	Kamianta Perez	5440 NW 181 Terrace	Miami, FL 33055

$35.00

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 contained in Chapter 119, 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: Ramon Sanchez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #