

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
 Jim Smith  
 Secretary of State  
 DIVISION OF CORPORATIONS



DOCUMENT # P99000071937

1. Corporation Name  
 NATIONAL TRANSPORTATION COMPANY, INC.

Principal Place of Business Mailing Address

13876 S.W. 56TH STREET, STE. 132 13876 S.W. 56TH STREET, STE. 132  
 MIAMI FL 33175 MIAMI FL 33175

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

FILED

03 JAN 30 AM 9:16

SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

REINSTATEMENT 02-03

2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 08/09/1999

5. FEI Number 65-0949672 Applied For Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSD	GARCIA, BETTY	13876 S.W. 56TH STREET, STE. 132	MIAMI FL 33175
VTD	ROSABAL, OSVALDO	13876 S.W. 56TH STREET, STE. 132	MIAMI FL 33175

600009956746  
 01/08/03-01052-883 \*\*900.00

8. Name and Address of Current Registered Agent

MAGOLNICK, JOEL S ESQ.  
 100 S.E. 2ND. STREET, 37TH FLOOR  
 MIAMI FL 33131

9. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 Suite, Apt. #, Etc. \_\_\_\_\_  
 City \_\_\_\_\_ State FL Zip Code \_\_\_\_\_

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. or 617.0505, F.S.

Signature of Registered Agent *[Signature]* **SIGNATURE REQUIRED** REGISTERED AGENT MUST SIGN Date 01/24/03

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 REQUIRED**

*[Signature]* 10/21/02 (305) 819-0918  
 Daytime Phone #

CPRE040 (8/02)