

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR 29 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000082679

1. Corporation Name

MEGATRANZ TRANSPORTS, INC.

2. Principal Office Address

1221 BRICKELL AVENUE

3. Mailing Office Address

1221 BRICKELL AVENUE

Suite, Apt. #, etc.

9TH FLOOR

Suite, Apt. #, etc.

9TH FLOOR

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33131

Country

Zip

33131

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/13/1999

5. FEI Number

65-0950624

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

01-03

7. Name and Address of Current Registered Agent

Name

ZUPPARDO, HENRIQUE

Street Address (P.O. Box Number is Not Acceptable)

1221 BRICKELL AVENUE, 9TH FLOOR

Suite, Apt. #, Etc.

9TH FLOOR

City

MIAMI

State

FL

Zip Code

33131

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

Henrique Zupardo

REGISTERED AGENT MUST SIGN

Date 03-28-2003

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
PSD	ZUPPARDO, HENRIQUE	781 CRANDON BLVD, # 205	KEY BISCAYNE, FLORIDA 33149

700014957987

04/01/03--01012--013 **1050.00

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 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:

Henrique Zupardo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-28-2003 305-347-5110

Date

Daytime Phone #

9/5/20