

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
~~Kathleen Harris~~
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 29 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000D89146

1. Corporation Name

ABLAZE Transportation Corp

2. Principal Office Address

2400 Collins Ave
Suite, Apt. #, etc.

City & State

Miami Beach Fla

Zip Country
33139 USA

3. Mailing Office Address

2421 Lake Ponchartraine
Suite, Apt. #, etc.

1-H
City & State

Miami Fla

Zip Country
33140 USA

REINSTATEMENT 06-02

**4. Date Incorporated or Qualified
To Do Business in Florida**

10-8-99

5. FEI Number

65-0965942

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 Anthony J. Marzilli

Street Address (P.O. Box Number is Not Acceptable)
2421 Lake Ponchartraine Dr

Suite, Apt. #, Etc.
1-H

City Miami Beach

State
FL

Zip Code
33140

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10/29/02--01001--002 **1058.75

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 10-26-02

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
Pres	Anthony J. Marzilli	2421 Lake Ponchartraine Dr	Miami Beach FL 33140

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-26-02 305-674-9300

Daytime Phone #

CR2E081 (9/01)