

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -4 PM 3:26

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P99000089146

1. Corporation Name

ABLAZE TRANSPORTATION CORP.

Principal Place of Business

Mailing Address

2400 COLLINS AVE
MIAMI BEACH FL 33139

2421 LAKE PANCOAST DR
1-H
MIAMI FL 33140

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

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

10/08/1999

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	MARZILLI, ANTHONY J	2421 LAKE PANCOAST DR 1-H	MIAMI BEACH FL 33140

000024393880
11/04/03 01011 002 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MARZILLI, ANTHONY J
2421 LAKE PANCOAST DR
1-H
MIAMI BEACH FL 33140

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

Anthony J. Marzilli

REGISTERED AGENT MUST SIGN

Date

10-21-03

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:

Anthony J. Marzilli

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-21-03

Daytime Phone #

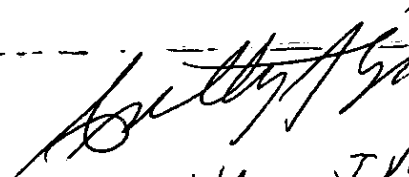
CR2E040 (7/03)

10-21-03

To whom it May Concern;

I am requesting a waiver of The
fee Because I did not receive the last
2 Corporate update forms. It seems that
I am not getting Business Mail to my home.
I have entered a change of address on the
application for mailing only.

Thank you.


Anthony J. Marzilli / Pres

P.S. May I request an immediate mailing
for next years Report?