APPLICATION FOR REINSTATEMENT

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

DO NOT WRITE IN THIS SPACE

FILED
01 DEC -7 PM 12:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name and Mailing Address of Corporation: DOCUMENT # S90678

Ulloa Transportation Service, Inc.
6024 S.W. 8 St
Suite E-502
Miami FL 33144

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

2200 NW 23 Lane
Address

Address
Ft Lauderdale FL
City and State
33311
Zip Code

3. Date Incorporated or Qualified To Do Business in Florida: 10/30/91

4. FEI Number: 65-0287692

FEI Number Applied For
FEI Number Not Applicable

5. $8.75 CERTIFICATE OF STATUS DESIRED ☐

6. Names and Street Addresses of Each Officer and/or Director

Title (1)	Name of Officers and/or Directors (2)	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) (3)	City and State (4)
PD	Lloyd Hawkins	2200 NW 23 LN	Ft Lauderdale FL 33311

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-12/19/01--01051--027
***1650.00 ***1650.00

REINSTATEMENT QS-01, 12

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

Antolin Pestano
7401 NW 11 St
Plantation FL 33313

8. Name and Address of New Registered Agent and/or Office

Name: Lloyd Hawkins
Street Address (Do NOT Use P.O. Box Number): 2200 NW 23 LN
Street Address (Do NOT Use P.O. Box Number):
City and State: Ft Lauderdale FL Zip: 33311

9. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Lloyd Hawkins Jr. Date 12/3/01
REGISTERED AGENT MUST SIGN

10. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information)

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☑ (See other side for information on intangible tax)

12. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director: Lloyd Hawkins Jr. Date 12/3/01 Daytime Phone #

TOTAL P.01