

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 MAY -6 PM 4: 38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P 05000 1363 55**

1. Corporation Name

S3 AUTO TRANSPORT CORP

2. Principal Office Address - No P.O. Box #

2700 NE 7 terrace

Suite, Apt. #, etc.

3. Mailing Office Address

2700 NE 7 terrace

Suite, Apt. #, etc.

City & State

POMPANO BEACH, FL

City & State

POMPANO BEACH, FL

Zip

33064

Country

USA

Zip

33064

Country

USA

100199045891

03/23/11 01004 013 300,00

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

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

SANDAUO DE SOUZA

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

2700 NE 7 terrace

Suite, Apt. #, Etc.

#

City

POMPANO BEACH

State

FL

Zip Code

33064

100199045891
05/06/11--01002--0165 *600.00**

10-11 SS 6/11
REINSTATEMENT

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

Sandalo C. de Souza

Date

4/25/11

REGISTERED AGENT MUST SIGN

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
PD	SORAIA DE SOUZA	2700 NE 7 terrace	POMPANO BEACH, FL 33064
VPI	SANDAUO DE SOUZA	2700 NE 7 terrace	POMPANO BEACH, FL 33064

10. E-mail Address: **S3 AUTO TRANSPORT @HOTMAIL.COM**
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Soraia de Souza

SORAIA DE SOUZA

04/25/11

954 588 1653

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

OFFICE: 954 933 2901