

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

90981
FILED

01 JUL -5 PM 4:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 250996

1. Corporation Name

CARGO DEVELOPMENT, INC.

200004488392--2
-07/20/01--01102--024
***1058.75 ***1058.75

2. Principal Office Address

BLDG. C1003 NW CARGO

Suite, Apt. #-etc.-

AREA MIAMI INT'L

City & State

AIRPORT-P.O. BOX 522462

Zip

33152

Country

3. Mailing Office Address

2121 PONCE DE LEON BLVD

Suite, Apt. #, etc.

240

City & State

CORAL, GABLES, FL

Zip

33134

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

590940396

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

GABRIEL PRATS

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

2121 PONCE DE LEON BLVD.

Suite, Apt. #, Etc.

240

City

MIAMI

State

FL

Zip Code

33134

REINSTATEMENT 99-01 T8

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

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
P	ROJAS, JOSE GUILLERMO	3200 NW 67TH AVE #C-1003	MIAMI, FL
VPSD	CRAVENS, JOHN	3200 NW 67TH AVE #C-1003	MIAMI, FL
TD	ZAMORA, MARIO	3200 NW 67TH AVE #C-1003	MIAMI, FL

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

JOHN CRAVENS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUNE 7, 2001

Date

(506) 232-1847

Daytime Phone #

CR2E081 (9/00)