

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED
PARTNERSHIP
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONSFILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # B98000000665

1. Name of Limited Partnership

GATEWAY CARGO SERVICE CENTER, LP

2. Principal Office Address

255 ALHAMBRA CIRCLE

3. Mailing Office Address

255 ALHAMBRA CIRCLE #630

Suite, Apt. #, etc.

630

Suite, Apt. #, etc.

630

City & State

CORAL GABLES, FL

City & State

CORAL GABLES, FL

Zip

33134

Country

USA

Zip

33134

Country

USA

8. Name and Address of Current Registered Agent

Name

JOHN (JACK) KEERY

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

255 ALHAMBRA CIRCLE

Suite, Apt. #, Etc.

630

City

CORAL GABLES, FL

State

FL

Zip Code

33134

9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligation of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

4-10-01

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

10. Name(s) of General Partner(s)

Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

City, State and Zip Code

10a. Registration
(Document Number)GATEWAY CARGO SERVICE
CENTER INC.255 ALHAMBRA CIRCLE
SUITE 630CORAL GABLES, FL
33134

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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE

4-10-01

Typed or Printed Name of General Partner Signing Form

JOHN (JACK) KEERY

Telephone Number

(786) 552-0095

CR20035 (1-99)