

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 MAR 16 AM 11:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F99000006526

1. Corporation Name
Phoenix International Freight Services, Ltd.

2. Principal Office Address
5401 Collins Ave.

3. Mailing Office Address
712 N. Central Ave.

Suite, Apt. #, etc.
Apt. 1216

Suite, Apt. #, etc.
Attn: Financial Reporting

City & State
Miami Beach, FL

City & State
Wood Dale, IL

Zip
33140

Country

Zip
60191

Country
USA

[Handwritten Signature]

REINSTATEMENT 03-05

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
36-3043555

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
C T Corporation Systems

Street Address (P.O. Box Number is Not Acceptable)
1200 S. Pine Island Rd.

Suite, Apt. #, Etc.

City
Plantation

State
FL

Zip Code
33324

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

[Handwritten Signature]

Jeffrey R. Graves
Assistant Secretary

REGISTERED AGENT MUST SIGN

Date

March 14, 2005

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
CEO	McInerney, James William	712 N. Central Ave	Wood Dale, IL 60191
PD	Rambaud, Stephane	712 N. Central Ave	Wood Dale, IL 60191
VD	Sanchez, Emil R	712 N. Central Ave	Wood Dale, IL 60191
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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:

[Handwritten Signature]

EMIL RM SANCHEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/05

Date

670-766-4445

Daytime Phone #

CR2E081 (01/05)