PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 DEC 31 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M87652**

1 Corporation Name

AMERICARGO INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
8249 NW 36 ST STE 218A MIAMI FL 33166 US	8249 NW 36 ST STE 218A MIAMI FL 33166 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 96

2 New Principal Office Address, If Applicable	3 New Mailing Office Address, If Applicable
AMERICARGO INTERNATIONAL INC	AMERICARGO INTERNATIONAL, INC
Suite, Apt. #, etc.: 8234 N.W. 50. River DR.	Suite, Apt. #, etc.: 8234 N.W. 50. River DR.
City & State: MEDLEY, FLA.	City & State: MEDLEY, FLA.
Zip: 33166 Country: USA	Zip: 33166 Country: USA

4 Date Incorporated or Qualified To Do Business in Florida: 06/29/1988

5. FEI Number: 65-0060341 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 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 / State / Zip 4
DPST	LLERENA, WILLIE	8375 LAKE DR G-401	MIAMI FL
VP	CZERNIEJEWSKI, LARRY	1380 KENDALE LAKES DR	MIAMI FL
			500002051615--4 -01/08/97--01131--010 ****383.75 ****383.75
			JBL-2-97

8. Name and Address of Current Registered Agent

LLERENA, WILLIE
8375 LAKE DR
G-401
MIAMI FL 33166

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State: FL | Zip Code

CR2E040 (7/96)

10 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: [signature] Date: 12-30-96
REGISTERED AGENT MUST SIGN

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., 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: [signature] WILLIE LLERENA PRESIDENT AMERICARGO INT'L INC 12-30-96 305-888-7299
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0045370 AP