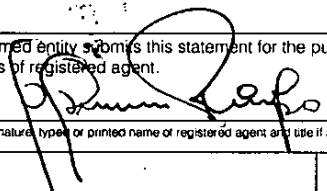
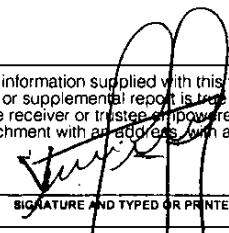


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000116066 1. Entity Name AVAILABLE CARGO INTERNATIONAL INC.					
Principal Place of Business 8440 NW 61 STREET MIAMI, FL 33166				Mailing Address 8440 NW 61 STREET MIAMI, FL 33166	
2. Principal Place of Business - No P.O. Box # 1835 W Flagler St		3. Mailing Address 1835 W Flagler St		 REINSTATEMENT CR2E098 (1/07) 07-08	
Suite, Apt. #, etc. #201		Suite, Apt. #, etc. #201			
City & State Miami FL		City & State Miami FL			
Zip 33135		Zip 33135			
Country USA		Country USA		4. FEI Number 20-5518545	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent RIOBO, LILIANA M 8601 SW 94 STREET #206-W MIAMI, FL 33156				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  04/30/2008 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD RIOBO, LILIANA M 8601 SW 94 STREET #206-W MIAMI, FL 33156	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD VICTOR Cabrera 1835 W Flagler St #201 MIAMI FL 33135	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TORRES, SAMUEL D CALLE 96 #44-66 #101 BARRANQUILLA, COLOMBIA,	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700130909837 06/05/08--01037--003 **300.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address from all other like empowered.					
SIGNATURE:  Date _____ Daytime Phone # _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					