2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
08 MAY 23 AM 11:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000116066

1. Entity Name
AVAILABLE CARGO INTERNATIONAL INC.

Principal Place of Business	Mailing Address
8440 NW 61 STREET MIAMI, FL 33166	8440 NW 61 STREET MIAMI, FL 33166

REINSTATEMENT 07-06

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1835 W Flagler St	1835 W Flagler St
Suite, Apt. #, etc. #201	Suite, Apt. #, etc. #201
City & State Miami FL	City & State Miami FL
Zip 33135 Country USA	Zip 33135 Country USA

4. FEI Number 20-5518545 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RIOBO, LILIANA M 8601 SW 94 STREET #206-W MIAMI, FL 33156	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	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	700130909837 06/05/08--01037--003 **300.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	5/5/08	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #