

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

NOV 23 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000054202

1. Corporation Name

AMAZON CARGO SERVICES, INC.

SCC 11-23-98



REINSTATEMENT 98

Principal Place of Business Mailing Address
~~C/O RUC~~ ~~C/O RUC~~
~~201 S BISCAYNE BLVD 1600 MIAMI CENTER~~ ~~201 S BISCAYNE BLVD 1600 MIAMI CENTER~~
~~MIAMI FL 33131~~ ~~MIAMI FL 33131~~

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

2. New Principal Office Address, if Applicable
5209 N.W. 74 Avenue
Suite, Apt. #, etc.
225
City & State
Miami, FL
Zip 33166 Country USA

3. New Mailing Office Address, if Applicable
5209 N.W. 74 Avenue
Suite, Apt. #, etc.
225
City & State
Miami, FL
Zip 33166 Country USA

4. Date Incorporated or Qualified To Do Business in Florida
06/19/1997

5. FEI Number
65-0775413 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	GONZALEZ, CARIDAD C	201 S BISCAYNE BLVD 1600 MIAMI C	MIAMI FL 33131
DPTS	Caridad C. Gonzalez	5209 N.W. 74 Ave., #225	Miami, FL 33166
			600002698576--6 -12/01/98--01031--005 ****750.00 ****750.00

8. Name and Address of Current Registered Agent
CORPORATION COMPANY OF MIAMI
201 S BISCAYNE BLVD
1600 MIAMI CENTER
MIAMI FL 33131

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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 11/19/98
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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)(f), 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]* Caridad C. Gonzalez 11/19/98 305-592-2620
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #