

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



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

**FILED**  
98 JUN -9 PM 4:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000033059

1. Corporation Name

SOUTHERN CARGO COMPANY, INC.

Principal Place of Business Mailing Address  
One Biscayne Tower - Suite 3580 Same  
Two South Biscayne Blvd.  
Miami, FL 33131

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, if Applicable <b>Two South Biscayne Blvd.</b> Suite, Apt. #, etc. <b>Suite 3580</b> City & State <b>Miami, FL</b> Zip <b>33131</b> Country <b>USA</b>		3. New Mailing Address, if Applicable Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida <b>5/6/93</b>	
5. FEI Number				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status.	

**REINSTATEMENT** 94-98

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
P/D	RONALD A. MARINI	Two South Biscayne Blvd. Suite 3580	Miami, FL 33131
			300002553733--0 -06/10/98--01001--002 ***1350.00 ***1350.00

8. Name and Address of Current Registered Agent Ronald A. Marini Two South Biscayne Blvd. Suite 3580 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 <b>FL</b>	
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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: *Ronald A. Marini* Date: **June 3, 1998**  
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director of 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., and that all fees owed by the corporation have been paid. 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 *Ronald A. Marini* Ronald A. Marini, Pres. June 3, 1998 (305) 374-4424  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (12/95)