PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 OCT 29 AM 11:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V01985

1. Corporation Name

TCL CARGO SERVICES, INC.

REINSTATEMENT 03-04

2. Principal Office Address	**3.** Mailing Office Address
8950 NW 35 LANE	8950 NW 35 LANE
Suite, Apt. #, etc.: 130	Suite, Apt. #, etc.: 130
City & State: MIAMI, FLORIDA	City & State: MIAMI, FLORIDA
Zip: 33172 Country: USA	Zip: 33172 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 12/20/1991

5. FEI Number: 650304101 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: NADINE MURPHY

Street Address (P.O. Box Number is Not Acceptable): 8950 NW 35 LANE

Suite, Apt. #, Etc.: 130

800042322213
10/29/04--01089--002 **100.00

City: MIAMI State: FL Zip Code: 33172.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Nadine Murphy Date: 10/27/04

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	NORMAN PATTY	13964 SW 157 ST ~~MIAMI, FL 33177~~	MIAMI, FL 33177
D	EVERALDO SARDINAS	15735 SW 84 CT ~~MIAMI, FL 33157~~	MIAMI, FL 33157
D/S	PETER ESPINET	10240 E CALUSA CLUB DR	MIAMI, FL 33186
D	GILBERT ESPINET	14719 SW 90 TERR.	MIAMI, FL 33196
D	NADINE MURPHY	4501 NW 24 ST	LAUDERHILL, FL 33317

10. 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: NORMAN PATTY 10/27/04 305-470-8989

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