

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1052

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 FEB 11 AM 11:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000058943

1. Corporation Name

SOUTH BOUND CARRIERS, INC
5770 SW 149 Avenue
MIAMI, FLORIDA 33193-2474

2. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

04-3687063

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-05

7. Name and Address of Current Registered Agent

Name

Jorge Canzla

Street Address (P.O. Box Number is Not Acceptable)

5770 SW 149 Avenue

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33193-2474

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

[Signature]

Date

REGISTERED AGENT MUST SIGN

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	Jorge Canzla	5770 SW 149 Ave	MIAMI, FL 33193
VP	Jackie Canzla	5770 SW 149 Ave	MIAMI, FL 33193

100047634791
03/03/05--01004--002 **450.00

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)

SOUTHBOUND CARRIERS, INC.
JORGE CANELA

5770 SW 149 AVENUE
MIAMI, FLORIDA 33193-2478
USA

Phone 305-385-4560

February 03, 2005

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Dear Associate,

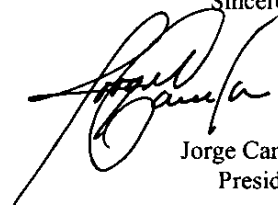
RE: P02000058923

Please find enclosed a check in the amount of \$450.00 along with my application for reinstatement. I am requesting that the penalties of \$600.00 be waived as I have never received a renewal form from your offices and was unaware that my corporation was dissolved.

If you should need any additional information please do not hesitate to get in contact with me at the above telephone number or address.

Anything that you can do to expedite this matter would be greatly appreciated.

Sincerely,



Jorge Canela
President