

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 457023

1. Corporation Name

SILVARREY & COLON, CARGO SERVICE, INC.

Principal Place of Business

1850 NW 66TH AVE  
220  
MIAMI FL 33122  
US

Mailing Address

6445 N.W. 25TH ST.. BLDG. 2121  
P.O. BOX 524019  
MIAMI FL 33152

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

2. New Principal Office Address, If Applicable

1850 NW 66th Ave

Suite, Apt. #, etc.  
Bldg. 708, Suite 220

City & State  
Miami, Florida

Zip 33122 Country USA

3. New Mailing Office Address, If Applicable

PO BOX 524019

Suite, Apt. #, etc.

City & State  
MIAMI, FL.

Zip 33152 Country USA

4. Date Incorporated or Qualified  
To Do Business in Florida

07/17/1974

5. FEI Number

59-1545636

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	USALLAN, AGUSTIN J	C/O FEDERICO SALMON 13	28016 MADRID SP
STD	BARON, CARLOS	C/O FEDERICO SALMON 13	28016 MADRID SP
D	SUBIRA, PEDRO JUAN	C/O FEDERICO SALMON 13	28016 MADRID SP
D	MERCENIDO, LUIS	C/O FEDERICO SALMON 13	28016 MADRID SP
D	ARDID, JOSE MARIA	848 BRICKELL AVE., STE. 1000	MIAMI FL
D	MUNOZ, GONZALO	848 BRICKELL AVE., STE. 1000	MIAMI FL

8. Name and Address of Current Registered Agent

MURAI WALD BIONDO & MORENO P.A.  
900 INGRAHAM BLDG  
25 S.E. 2ND AVE.  
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 FL Zip Code

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/29/01

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-871-8434 EXT-215

FILED  
01 NOV -5 AM 8:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 01

CR2E040 (8/01)