

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

FILED

98 AUG 11 PM 3:09

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 703023

1. Corporation Name

The Florida Custom Brokers and Forwarders Assn., Inc.

Principal Place of Business: 5600 N.W. 36th Street, Suite 611, Miami Springs, FL 33166
 Mailing Address: P.O. Box 522022, Miami, FL 33152

REINSTATEMENT 97-98

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

| | | | | | |
|------------------------------------------------|---------|----------------------------------------------|---------|--------------------------------------------------------------------------------------------------------------------|--|
| 2. New Principal Office Address, if Applicable | | 3. New Mailing Office Address, if Applicable | | 4. Date incorporated or Qualified To Do Business in Florida 10/16/61 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. FEI Number 59-2103610 | |
| City & State | | City & State | | Applied For Not Applicable | |
| Zip | Country | Zip | Country | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for 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 (Do NOT Use Post Office Box Numbers) 3 | City, State, Zip 4 |
|---------------|----------------------------------------|---------------------------------------------------------------------------------------------|-------------------------|
| Pres Dir | Raul Pedraza | 5600 N.W. 36th St., #611 | Miami Springs, FL 33166 |
| 1st VP Dir | Jorge de Tuya | 5600 N.W. 36th St., #611 | Miami Springs, FL 33166 |
| 2d VP Dir | Jay Reynolds | 5600 N.W. 36th St., #611 | Miami Springs, FL 33166 |
| Sec Dir | Alberto Marino Sr. | 5600 N.W. 36th St., #611 | Miami Springs, FL 33166 |
| Treas Dir | Dante Versaci II | 5600 N.W. 36th St., #611 | Miami Springs, FL 33166 |
| Dir | Jose Aguirre | 5600 N.W. 36th St., #611 | Miami Springs, FL 33166 |

| | | | |
|-------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------|--|
| 8. Name and Address of Current Registered Agent | | 9. Name and Address of New Registered Agent | |
| F.B.F. 5600 N.W. 36th Street Suite 611 Miami Springs, FL 33166 | | 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] Date: August 3/98
 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 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] 8/3/98 (305) 871-7177
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR22040 (12/96)