

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # F00000007084

1. Corporation Name

CARGO TRANSPORT FLA, INC.

Principal Place of Business

7122 NW 74 AVE
MIAMI, FL 33166

Mailing Address

7122 NW 74 AVE
MIAMI, FL 33166

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

2. New Principal Office Address, If Applicable
8579 NW 72 STREET

Suite, Apt. #, etc.

City & State
MIAMI, FLORIDA

Zip
33166

Country
US

3. New Mailing Office Address, If Applicable
8579 NW 72 STREET

Suite, Apt. #, etc.

City & State
MIAMI, FLORIDA

Zip
33166

Country
US

4. Date Incorporated or Qualified
To Do Business in Florida

12/18/2000

5. FEI Number

65-1058485

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
PS	JARMAN, ROGER D	1110 ROBIN AVE.	MIAMI SPRINGS FL
VT	AMENGUAL, MILTON	15961 SW 5TH STREET	PEMBROKE PINES FL
CD	MOORE, MICHAEL C	33 PEMBROKE GROVE	CHARLES TOWN WV

000004706500-8

-12/05/01--01067--010

***158.75 ***158.75

8. Name and Address of Current Registered Agent

JARMAN, ROGER D
7122 NW 74TH AVE.
MIAMI FL 33166

8579 NW 72 STREET
MIAMI, FL. 33166

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]

REGISTERED AGENT MUST SIGN

Date 11/01/01

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:

ROGER JARMAN *[Signature]*

Date

11/01/01

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



Cargo Transport FLA, Inc.

8579 NW 72 Street Miami, Florida 33166 Telephone: (305) 499-9180 Facsimile: (305) 499-9174

November 1, 2001
Miami, FL.

Florida Department of State
Ref: Application for Reinstatement

To whom it may concern:

We hereby certify that we did not receive a previous notice for the application of Reinstatement.

We are sending attached the application with corrections and a check for the amount of \$158.75.

If you should have any questions please feel free to contact us.

Sincerely yours,

Roger Jarman
Cargo Transport FLA., Inc.
President