

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F03000000556

1. Corporation Name

Cargo Connection Logistics Corp.

2. Principal Office Address - No P.O. Box #
600 Bayview Avenue

Suite, Apt. #, etc.

City & State
Inwood, NY

Zip
11096

Country
USA

3. Mailing Office Address
600 Bayview Avenue

Suite, Apt. #, etc.

City & State
Inwood, NY

Zip
11096

Country
USA

7. Name and Address of Current Registered Agent

Name
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City
Plantation

State
FL

Zip Code
33324

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

Peter F. Souza
Assistant Secretary

REGISTERED AGENT MUST SIGN

Date **4-10-2007**

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
CP	Jesse Dobrinsky	11 Muirfield Road	Rockville Centre, NY 11570
DVP	John Lewis Udell	5 Tanglewood Road	Freeport, NY 11520
DST	Scott Goodman	1591 Warren Street	East Meadow, NY 11554

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-2007

Date

516-239-7000

Daytime Phone #

FILED

07 APR 16 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300102634099
05/16/07--01026--024 **750.00

REINSTATEMENT 05-07

4. Date Incorporated or Qualified
To Do Business in Florida **Feb 3, 2003**

5. FEI Number
113305868

Applied For

Not Applicable

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

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.