2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
06 MAY -8 PM 2:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F95000003738

1. Entity Name
ATLAS INTERNATIONAL FREIGHT FORWARDING (USA) INC.

Principal Place of Business	Mailing Address
6172 NW 74TH AVE MIAMI, FL 33166 US	P.O BOX 52-2971 MIAMI, FL 33152-2971 US

04242006 REIN-P CR2E098 (11/05) 05-06

2. Principal Place of Business		3. Mailing Address	
8407 NW 70th		8407 NW 70TH	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: MIAMI, FLORIDA		City & State: MIAMI, FLORIDA	
Zip: 33166	Country: USA	Zip: 33166	Country: USA

4. FEI Number: 88-0346307 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SINGH, KANHAI 6172 NW 82 AVE MIAMI, FL 33166	Name: SINGH, KANHAI Street Address (P.O. Box Number is Not Acceptable): 8407 NW 70TH City: MIAMI FL Zip Code: 33166

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ____________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 24/4/2006

FILE NOW!!! FEE IS $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PDC	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	KANHAI, SINGH		NAME	
STREET ADDRESS	6365 NORTH WEST DR		STREET ADDRESS	
CITY-ST-ZIP	MISSISSAUGA ONTARIO CANADA, L4G-18		CITY-ST-ZIP	
TITLE	STD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SINGH, JESSIE		NAME	200075267402
STREET ADDRESS	6365 NORTH WEST DR		STREET ADDRESS	05/25/06--01014--004 **300.00
CITY-ST-ZIP	MISSISSAUGA ONTARIO CANADA, L4G-18		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ____________ 24/4/2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #