

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 MAY 30 AM 11:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # G06844

1. Corporation Name

JET CARGO INC.

2. Principal Office Address - No P.O. Box #

14300 S.W. 129 STREET

Suite, Apt. #, etc.

206

City & State

MIAMI, FL

Zip

33186

Country

USA

3. Mailing Office Address

14300 S.W. 129 STREET

Suite, Apt. #, etc.

206

City & State

MIAMI, FL

Zip

33186

Country

USA

REINSTATEMENT 95-08

4. Date Incorporated or Qualified  
To Do Business in Florida

10/28/1982

5. FEI Number

592224481

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

JEAN S. SMITH

Street Address (P.O. Box Number is Not Acceptable)

14300 S.W. 129 STREET

Suite, Apt. #, Etc.

206

City

MIAMI

State

FL

Zip Code

33186

☒ 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.

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

Date 5-28-2008

REGISTERED AGENT MUST SIGN

**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
PD	JEAN S. SMITH	14300 S.W. 129 STREET, 206	MIAMI, FL 33186
VP	BASHIR MOHAMMED	14300 S.W. 129 STREET, 206	MIAMI, FL 33186

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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:

5-28-2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #