

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 APR 10 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L55287

1. Corporation Name

TAINO EXPRESS CARGO, INC.

Principal Place of Business

Mailing Address

6912 N.W. 72ND AVENUE
MIAMI, FL 33166

6912 N.W. 72ND AVENUE
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
4406 N.W. 74TH AVE.

3. New Mailing Office Address, If Applicable
4406 N.W. 74TH AVE.

4. Date Incorporated or Qualified
To Do Business in Florida

03/02/1990

Suite, Apt. #, etc.
MIAMI, FLA.

Suite, Apt. #, etc.
MIAMI, FLA.

5. FEI Number

65-0183398

Applied For

Not Applicable

City & State

City & State

Zip
33166

Country
EEUU

Zip
33166

Country
EEUU

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	MONTERO, IVAN L	CALLE ESPERILLA #10, LOS RESTAUR	SANTO DOMINGO RE
VST	SANTANA, ELIO	AVE LAS MINAS, ECO. AVE. SELEN	SANTO DOMINGO RE
VPD	MONTERO, JULIO R.	CALLE LEONARDO DAVINCI, EDIF. E D	LOS CASCAZOS, ST
VPD	HERNANDEZ, JUAN C	GUSTAVO MEJIA RICART #93	SANTO DOMINGO RE
			988803213409--1
			04/18/00--01111--003
			*****908.75 *****908.75

REINSTATEMENT 97-00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SOTO, ANTONIO J., III, ESQ.
8500 WEST FLAGLER STREET, STE A-105
MIAMI, 33144-9037

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date OCTOBER, 14, 1999.

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.

KE

(305) 888-7271

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OCT. 14 / 99

Date

Daytime Phone #

IVAN L. MONTERO (PRESIDENT)