

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # L62922 (4)

1. Corporation Name

A.A.R. TRANSPORTATION, CORP.

99 APR 14 PM 1:55

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Mailing Address

5595 NW 72 AVE.
MIAMI, FL. 33166

Principal Place of Business

5595 NW 72 AVE.
MIAMI, FL. 33166

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

2. New Mailing Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

04/02/1990

5. FEI Number

65-0178699

6. CERTIFICATE OF STATUS DESIRED

Applied For

Not Applicable

\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City, State, Zip
P	ALVAREZ, EVA L.	5595 NW 72 AVE.	MIAMI, FL. 33166

8. Name and Address of Current Registered Agent

CARGA LATINOAMERICA, INC.
8906 SW 11 ST.
MIAMI, FL. 33174

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

REGISTERED AGENT MUST SIGN

Date

4-8-99

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further 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., and that all fees owed by the corporation have been paid. 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: *Eva L. Alvarez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EVA L. ALVAREZ

Date

Daytime Phone #

4-8-99 1-05-863 9606

CR2E940 694