PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
97 DEC -2 AM 8:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000000700

1. Corporation Name

South Florida Cargo Carriers Association, Inc.

Mailing Address
790 N.W. 107th Avenue
Suite 400
Miami, FL 33172

Principal Place of Business
Same

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

REINSTATEMENT 97 DO NOT WRITE IN THIS SPACE

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

4. Date Incorporated or Qualified To Do Business in Florida
1/15/93

5. FEI Number
Applied For
Not Applicable

6. 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)

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
Dir	David W. Borchik	790 N.W. 107th Ave. Suite 400	Miami, FL 33172
Dir	Peter E. Evelyn	7857 N.W. 12th St. Suite 220	Miami, FL 33126
Dir	Bruce A. Brecheisen	~~3401-A N.W. 72nd Ave.~~ 8050 NW 79th Ave.	Miami, FL ~~33102~~ 33166

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****236.25 ****236.25

8. Name and Address of Current Registered Agent

David W. Borchik
790 N.W. 107th Ave., Suite 400
Miami, FL 33172

9. Name and Address of New Registered Agent

Name: Bruce A. Brecheisen
Street Address (P.O. Box Number is Not Acceptable): 8050 NW 79th Ave.
Suite, Apt. #, Etc.:
City: Miami State: FL Zip Code:

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****8.75 ****8.75

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: David C. Borchik
REGISTERED AGENT MUST SIGN
Date: 21 Nov. 1997

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 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: David C. Borchik 21 Nov. 1997 305-863-4444
SIGNATURE AND TYPE(S) OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #