

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 MAY -9 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000000200

1. Corporation Name

SOUTH FLORIDA CARGO CARRIERS ASSOCIATION, INC.

2. Principal Office Address

790 NW 107th Ave.

Suite, Apt. #, etc.

Suite 400

City & State

Miami, FL

Zip

33172

Country

US

3. Mailing Office Address

215 S. Monroe St., Suite 830

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32301

Country

US

REINSTATEMENT

99-00

**4. Date Incorporated or Qualified
To Do Business in Florida**

1/15/93

5. FEI Number

Applied For

X

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

BRECHEISEN, BRUCE A.

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

8050 NW 79th Ave.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33166

100003261681-4
05/22/00 01029 005
****297.50 ****297.50

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

Bruce A. Brecheisen

REGISTERED AGENT MUST SIGN

Date

May 3, 2000

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
D	BORCHIK, DAVID W.	790 NW 107th Ave., Suite 400	Miami, FL 33172
D	EVELYN, PETER E.	551 Diplomat Court	Marco Island, FL 34145
D	BRECHEISEN, BRUCE A.	8050 NW 79th Ave.	Miami, FL 33166

KE

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 3, 2000

Date

305-863-4444

Daytime Phone #

CR2E081 (9/99)