

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 OCT -5 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000028252**

1. Corporation Name

**CARDEL INTERNATIONAL SHIPPING
CORP.**

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

405 N. 61 AVE

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FL.

City & State

Zip

Country

33024

U.S.

Zip

Country

REINSTATEMENT
CR2E081 (12/08) **04-09**

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

3-20-2000

5. FEI Number

65-0992265

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

CARMEN DELGADO

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

405 N. 61 AVE

Suite, Apt. #, Etc.

City

HOLLYWOOD

State

FL

Zip Code

33024

☒ 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

(Signature of Carmen Delgado)

REGISTERED AGENT MUST SIGN

Date

9-30-09

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 |
|--------|--------------------------------------|---|----------------------|
| DP | CARMEN DELGADO | 405 N. 61 AVE | HOLLYWOOD, FL. 33024 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

120161337861
10/05/09--01063--014 **\$900.00

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:

(Signature of Carmen Delgado)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-30-09

Date

(954) 983-7792

Daytime Phone #

2009 OCT 5 2009