

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

02 MAY 31 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000005765910--4
-06/13/02--01071--010
*****8.75 *****8.75

000005765910--4
-06/13/02--01071--009
*****300.00 *****300.00

 <p>FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS</p>	
<p>DOCUMENT # P00000041448</p> <p>1. Corporation Name</p> <p>CJR CARGO, INC.</p>	
<p>2. Principal Office Address</p> <p>3513 NW 82 Ave</p> <p>Suite, Apt. #, etc.</p> <p>City & State</p> <p>Miami, Florida</p> <p>Zip</p> <p>33122</p>	<p>3. Mailing Office Address</p> <p>Suite, Apt. #, etc.</p> <p>City & State</p> <p>Zip</p> <p>Country</p> <p>Dade</p>

<p>4. Date Incorporated or Qualified To Do Business in Florida</p> <p>April 25, 2000</p>	
<p>5. FEI Number</p> <p>651002234</p>	<p>Applied For</p> <p>Not Applicable</p>
<p>6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status</p>	

<p>7. Name and Address of Current Registered Agent</p>		
<p>Name</p> <p>Luis A. Quintana</p>		
<p>Street Address (P.O. Box Number is Not Acceptable)</p> <p>100 SW 27th Avenue</p>		
<p>Suite, Apt. #, Etc.</p>		
<p>City</p> <p>Miami</p>	<p>State</p> <p>FL</p>	<p>Zip Code</p> <p>33135</p>

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  Date _____

REGISTERED AGENT MUST SIGN

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
P	Ana I. Ulate	3513 NW 82 Ave	Miami/Florida/33122
S	Roberto Escalante	3513 NW 82 Ave	Miami/Florida/33122
T	Ana I. Ulate	3513 NW 82 Ave	Miami/Florida/33122

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)(g), 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.

(305)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary

March 7, 2002/471-4451

Date

Daytime Phone #

CR2ED81 (9/01)

CJR CARGO, INC.

March 7, 2002

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Dear Sir or Madam:

This letter is to apply for reinstatement of CJR Cargo, Inc., and to ask for a waiver of the reinstatement fee.

We moved from the address on file and did not receive our report notification forms. Included are the required fees for two years due for a total of \$300.00 and a separate check for \$8.75 to receive a Certificate of Status.

Sincerely,



Roberto Escalante
Secretary