

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 24 PM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000044567

1. Corporation Name

MAHOMI CARGO EXPRESS, CORP.

Principal Place of Business

976 WEST FLAGLER STREET
MIAMI FL 33130

Mailing Address

976 WEST FLAGLER STREET
MIAMI FL 33130

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

05/03/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1018366

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	4 City / State / Zip
PVPS	FREDESVINDO, MIRANDA	976 WEST FLAGLER STREET	MIAMI FL 33130

700008565867
10/24/02--01044--002 **150.00

10/28

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FREDESVINDO, MIRANDA
976 WEST FLAGLER STREET
MIAMI FL 33130

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/21/02

11. 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. (SEE COVER LETTER)

SIGNATURE

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/21/02 (305) 324-7050

Date

Daytime Phone #

CR2E040 (802)

MAHOMI CARGO EXPRESS CORP
976 WEST FLAGLER ST.
MIAMI, FL. 33130
10-21-02

DIVISION OF CORPORATIONS
STATE OF FLORIDA
P.O. BOX 6327
TALLAHASSEE, FL 32314

DEAR SIRs.

ATTACHED APPLICATION OF REINSTATEMENT,
I DID NOT PAY ON TIME BECAUSE I NEVER
RECEIVED THE UNIFORM BUSINESS REPORT.
PLEASE ACCEPT THE \$150.00 FEE, AND
THUS I WILL COMPLY WITH YOUR
REGULATIONS.

TRULY YOURS



FREDESVINDO MIRANDA - PRESIDENT