## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

3. Mailing Office Address

FILES SCALE FARY OF STATE VESTOR OF CORPORATION

02 FEB -8 PH 12: 28

DOCUMENT # P000 000 46 368

1. Corporation Name

2. Principal Office Address

SIGNATURE:

14216 NW 749 AV

TRANS WORLD TRAVEL & CARGO SERVICES INC

400004916274--2 -02/13/02--01083--014 \*\*\*\*900.00 \*\*\*\*900.00

Suite, Apt. #, etc.			Suite, Apt. #	Suite, Apt. #, etc.							
O'4. 8 St1			City 9 Clate		· ,			ncorporated or Qualified Business in Florida	05/48/2	000	
City & State MI AMI FL				City & State  MIAMI FL			5. FEI Number  GS-101-6444  Applied For Not Applicab				
<sup>Zip</sup> 331	168	Country U.S.	A 331	68	Country US	4	6. CERTIF	CATE OF STATUS DESIRED	\$8.75 Additions	IlFeefrequirer telof(Status)	
	7. Name and Address of Current Registered Agent										
	Name ALFRED. O. KESHINRO										
	Street Address (P.O. Box Number is Not Acceptable) 14-899 NE 1815 AV										
	Suite, Apt. #, Etc. 2P										
	City			Mil	Amı	-		State Zip Co.	3181		
Registered  9. Names	and have a real or the residence of	Addresses of Each	person menter a com imperioristat en dissentante, mentres malestatura comi	GENT MUST	were in the end of the state and see of	ust list at le	ast 3 directo	manny man an arkinologia na ari nasari ari sa	06/07	The plants have been seen to the seed the section.	
Titles	nes and Street Addresses of Each Officer and/or Director (F)  Name of  Officers and/or Directors			Street Address of Each Officer and/or Director			<u> </u>	City / State / Zip			
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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 filling this reinstalement 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), E.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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR