

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

08 SEP 17 AM 11:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Handwritten signature]*

DOCUMENT # P00000068638

1. Corporation Name  
Continental Refrigerated  
Transport, Inc.

2. Principal Office Address - No P.O. Box #  
5325 SW 7th Ct.

3. Mailing Office Address  
P.O. BOX 590025

**REINSTATEMENT 07-08**

Suite, Apt. #, etc.  
Apt. F109

Suite, Apt. #, etc.

City & State  
Miami, FL

City & State  
Orlando, FL

Zip Country  
33155 USA

Zip Country  
32859 USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number  
59-3657200

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

*WSA*

**7. Name and Address of Current Registered Agent**

Name  
Antonio P Fernandez  
Street Address (P.O. Box Number is Not Acceptable)  
5325 SW 7th Ct.  
Suite, Apt. #, Etc.  
Apt. F109  
City State Zip Code  
Miami FL 33155

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]*  
REGISTERED AGENT MUST SIGN

Date 9/17/08

**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
<u>PT</u>	<u>Antonio P Fernandez</u>	<u>5325 SW 7th Ct. Apt. F109</u>	<u>Miami, FL 33155</u>

500136532535  
10/01/08--01043--009 \*\*300.00

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 9/17/08  
Daytime Phone #