

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAR -4 AM 11:37


SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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03/06/03--01050--033 \*\*150.00

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03/06/03--01050--032 \*\*150.00

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT #</b> 802107 800000100841			
<b>1. Corporation Name</b> WINDSOR SHIPPING CARGO INC.			
<b>2. Principal Office Address</b> 8532 N.W. 66 ST.  Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> 8532 N.W. 66 ST  Suite, Apt. #, etc.	
<b>City &amp; State</b> MIAMI, FL		<b>City &amp; State</b> MIAMI, FL	
<b>Zip</b> 33166	<b>Country</b> USA	<b>Zip</b> 33166	<b>Country</b> USA

<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 65-1052976	
<b>5. FEI Number</b> 65-1052976	<b>Applied For</b> Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

<b>7. Name and Address of Current Registered Agent</b>		
<b>Name</b> GONZALEZ, MIGUELINA		
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 9415 S.W. 80 ST.		
<b>Suite, Apt. #, Etc.</b>		
<b>City</b> MIAMI	<b>State</b> FL	<b>Zip Code</b>

**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
PD	GONZALEZ MIGUELINA	9415 S.W. 80-ST	MIAMI, FL
VP	CONTRERAS GUILLERMO	6716 S.W. 127 PLACE	MIAMI, FL 33183

**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)(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.**

**SIGNATURE:**

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)



TO:  
FLORIDA DEPARTMENT SECRETARY OF STATE  
DIVISION OF CORPORATION.

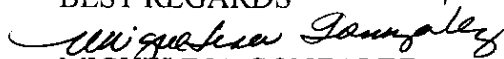
THE REASON THAT WE DIDN'T PAID THE FEES FOR THE REGISTRATION  
WAS THAT WE MOVED TO ANOTHER LOCATION.

NOW WE ARE SENDING THE PAIMENT AND THE FORM FOR  
REINSTATEMENT FORM.

AND ALSO WE ARE SENDING THE CHECK FOR THE FAILING YEAR 2003.

NEW ADDRESS  
8532 N.W. 66 ST.  
MIAMI, FL  
33166

BEST REGARDS

  
MIGUELINA GONZALEZ  
PRESIDENT