

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUN -2 AM 7:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000112619**

1. Corporation Name

NEW GENERATION FREIGHT CORP.

REINSTATEMENT 02-03



100016674001
04/22/03--01064--016 **500.00

Principal Place of Business

Mailing Address

9060 N.W. 190TH STREET
MIAMI FL 33018

9060 N.W. 190TH STREET
MIAMI FL 33018

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		12/04/2000	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number		Applied For	
City & State		City & State		65-1060562		Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$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
P	RODRIGUEZ, ARTHUR F JR.	15925 W. PRESTWICK PLACE	MIAMI FL 33014
P	ALVAREZ, RODOLFO	9060 NW 190ST.	MIAMI - FL 33018

100016674001
06/02/03--01052--011 **300.00

8. Name and Address of Current Registered Agent

RODRIGUEZ, ARTHUR F JR.
15925 W. PRESTWICK PLACE
MIAMI LAKES-FL-33014

9. Name and Address of New Registered Agent

Name
RODOLFO ALVAREZ
Street Address (P.O. Box Number is Not Acceptable)
9060 NW 190ST.
Suite, Apt. #, Etc.
City
MIAMI
State
FL
Zip Code
33018

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~~
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **4/15/03**

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.

SIGNATURE:

~~SIGNATURE REQUIRED~~
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/15/03** (786) 367-6268
Daytime Phone #

CPRE040 (8/02)