

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PD1-0000009993

1. Corporation Name

DSV AIR CARGO CORP

2. Principal Office Address

62 INDIAN TRACE

Suite, Apt. #, etc.

#210

City & State

WESTON FL

Zip

33326

Country

US of A

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

WESTON FL

Zip

33326

Country

US of A

REINSTATEMENT

200020541102

06/18/03--01058--028 **150.00

03 JUN 13 AM 10:55

200020541102

06/05/03--01033--009 **750.00

4. Date Incorporated or Qualified
To Do Business in Florida

1-26-01

5. FEI Number

65-1072684

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JOAQUIN ECHEVERRIA

Street Address (P.O. Box Number is Not Acceptable)

62 INDIAN TRACE

Suite, Apt. #, Etc.

#210

City

WESTON

State

FL

Zip Code

33326

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]

Date 6/12/03

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
<u>D</u>	<u>JOAQUIN ECHEVERRIA</u>	<u>62 INDIAN TRACE #210</u>	<u>WESTON FL 33326</u>

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)(l), 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

5/27/2003

Date

786 2565204

Daytime Phone #

CR2E081 (10/02)