


# 2007 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P01000034376</b> 1. Entity Name <b>ZAI CARGO, INC.</b>						<b>FILED</b> 07 OCT 17 AM 10:59 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>8229 NW 66 STREET MIAMI, FL 33166</b>				Mailing Address <b>8229 NW 66 STREET MIAMI, FL 33166</b>			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent  <b>ZAPATA, HORACIO 8229 NW 66 STREET MIAMI, FL 33166</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.				4. FEI Number <b>65-1097474</b>			
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable			
\$8.75 Additional Fee Required				10172007 REIN-P CR2E098 (1/07)			
SIGNATURE: _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE: _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS ZAPATA, HORACIO 8229 NW 66 STREET MIAMI, FL 33166			TITLE NAME STREET ADDRESS CITY-ST-ZIP	500111272845 10/24/07--01005--002 **158.75		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ZAPATA, HORACIO 8229 NW 66 STREET MIAMI, FL 33166			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: 10-17-07 8508930670 <small>Daytime Phone #</small>			