FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

37 OCT -8 PM 2: 59

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P 01 0000 5S1118
1. Corporation Name

De Hoyos International Cargo, Corp.

9001110354879
10/18/07--01042--002 **750.00

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address	
10501 SW, 41 Terr.		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State Miami, FL	City & State	
Zip 33165	Country Dade	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 06/04/2001

5. FEI Number 26-1160408   ☐ 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 Julio C. Garcia

Street Address (P.O. Box Number is Not Acceptable)
10501 SW, 41 Terr.

Suite, Apt. #, Etc.

City Miami	State FL	Zip Code 33165

☐ 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 _____   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.	Julio C. Garcia	10501 SW, 41 Terr.	Miami, FL, 33165
			10/8/07
	REINSTATEMENT 03-6		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #