(((H03000117468 6)))

PLEASE READ ALL INSTRUCTIONS BEFORE

FILED
03 APR 14 PM 1:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000068701

1. Corporation Name
SERVICE FREIGHT INTERNATIONAL, INC.

REINSTATEMENT 02-03

2. Principal Office Address	3. Mailing Office Address
1916 NW 82ND AVENUE	2121 PONCE DE LEON BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	SUITE 240
City & State	City & State
MIAMI, FLORIDA	CORAL GABLES, FLORIDA
Zip: 33126 Country:	Zip: 33134 Country:

4. Date Incorporated or Qualified To Do Business In Florida

5. FEI Number: 651123316 ☐ 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: PRATS, GABRIEL

Street Address (P.O. Box Number is Not Acceptable): 2121 PONCE DE LEON BLVD.

Suite, Apt. #, Etc.: SUITE 240

City: CORAL GALBES | State: FL | Zip Code: 33134

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: 04/14/03
REGISTERED AGENT MUST SIGN

CR2C081 (10/02)

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
DPST	ROGOWSKI, PAULO LEONAR	1916 NW 82ND AVENUE	MIAMI, FLORIDA 33126

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: _____ 04/14/03 _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Florida Department of State
Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : PRATS, FERNANDEZ & CO.
Account Number : I19980000078
Phone : (305)444-8333
Fax Number : (305)444-8334

CORPORATION REINSTATEMENT

SERVICE FREIGHT INTERNATIONAL, INC.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	$908.75