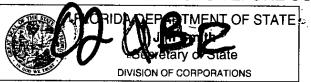
## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## APPLICATION FOR REINSTATEMENT



P01000094987 DOCUMENT #

1. Corporation Name

DOMINICANA AIR & OCEAN FREIGHT, CORP.

Principal Place of Business

Mailing Address

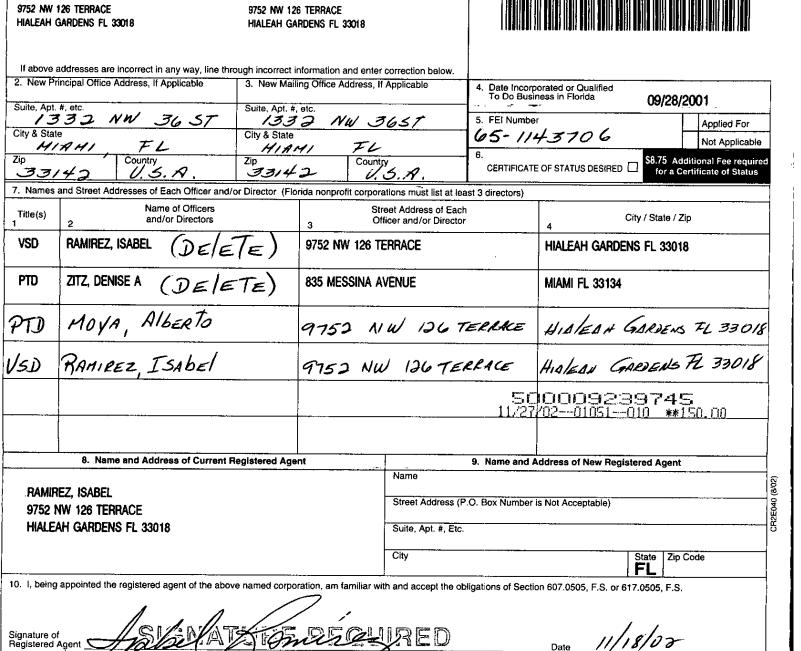
9752 NW 126 TERRACE HIALEAH GARDENS FL 33018

SIGNATURE: 🥯

9752 NW 126 TERRACE



02 DEC -2 AM 8:01



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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## DOMINICANA AIR & OCEAN FREIGHT, CORP. 1332 N.W. 36 ST. MIAMI, FL. 33142 Ph-305-635-8210

November 19, 2002

Florida Department Of State Mr. Jim Smith Secretary Of State

## Gentleman:

Attached you will find the application for reinstatement for year 202 and a check for the amount of \$ 150.00 as per a phone conversation yesterday with one of the person in your organization, the reason this payment was not send on time is because the (UBR) were not received.

Thank you very much for your cooperation in this matter and if you have any question please contact me at the phone above.

Regards

Isabel Ramirez

V/P Secretary