

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 AUG 13 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **001000103499**

1. Corporation Name

EMPIRE FREIGHT, INC.

979 Shotgun Road
9737 NW 41st Street

2. Principal Office Address

979 Shotgun Road

3. Mailing Office Address

9737 NW 41st Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 438

City & State

Sunrise, FL

City & State

Miami, FL

Zip

33326

Country

US

Zip

33178

Country

US

REINSTATEMENT 02-09

07-02-04 01033 022- \$35.00

**4. Date Incorporated or Qualified
To Do Business in Florida**

9/21/2001

5. FEI Number
04-3590219

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

Ramon Justo

Street Address (P.O. Box Number is Not Acceptable)
9737 NW 41st Street

Suite, Apt. #, Etc.
Suite 438

City

Miami

State
FL

Zip Code
33178

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

8/3/04

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
P	Ramon Justo	9737 NW 41st Street, Suite 438	Miami, FL 33178
V	Wayne Chan	9737 NW 41st Street, Suite 438	Miami, FL 33178
T	Jamal A. Chehab	9737 NW 41st Street, Suite 438	Miami, FL 33178

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08/17/04--01043--012 **1015.00

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:

RAMON JUSTO

8/3/04

786-236-5316

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E08 (01/04)