PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS EORM.

| CORPORATION REINSTATEMENT   | FLORIDA DEPARTMENT OF<br>Secretary of State<br>DIVISION OF CORPORATION |                                    | 2006 JUL I<br>SECRETAI<br>TALLAHAS                    | 7 AM 9: 17 CY OF STATE SEE, FLORIDA                              |
|---|--|------------------------------------|---|--|
| DOCUMENT # POLOGO 1. Corporation Name CAN Cargo Logis   |  |                                    |   |  |
| 2. Principal Office Address   | 3. Mailing Office Address  |                                    |   |  |
| 1108 Dinsmore St.   |  |                                    | CR2E081 (12/05)                                       |  |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc.  | 4                                  | Date Incorporated or Qualif To Do Business in Florida | fied   |
| City & State North Port, FL   | North Port, F  | 5                                  | 6. FEI Number   | Applied For<br>Not Applicable                                    |
| 21p Country<br>347.88 U.S   | 2ip Country () Country   | 5                                  |   | SIRED \$8.75 Additional Fee required for a Certificate of Status |
| 7. Name and Address of Current Registered Agent   |  |                                    |   |  |
| Street Address (P.O. Box Number is Not Acceptable)  1108 Dinsmore St.  Suite, Apt. #, Etc.  City  North Port  State Zip Code FL 3A288   |  |                                    |   |  |
| 8. 1, 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 0101000   |  |                                    |   |  |
| 9. Names and Street Addresses of Each Officer and   | d/or Director (Florida nonprofit corporation                           | s must list at least               | 3 directors)  |  |
| Titles Name of Officers and/or Directors  |  | Address of Each<br>and/or Director |   | City / State / Zip   |
| P Noel Amaro 1108 Dinsmorest. North Port, FL 39288  |  |                                    |   |  |
| RIGINATION OF THE   |  |                                    |   |  |
|   |  |                                    | 900077<br>07/21/06010                                 | 「さくさく」と<br><u>  120  1 ** 200.00</u>                             |
| 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 # |  |                                    |   |  |