

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 17 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000055520

1. Corporation Name

DAC INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

9949 NORTHWEST 89TH AVENUE
BAY 10
MEDLEY FL 33178

9949 NORTHWEST 89TH AVENUE
BAY 10
MEDLEY FL 33178

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/20/2002

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSD	VILA, ERNESTO A	9949 NORTHWEST 89TH AVENUE BAY 1	MEDLEY FL 33178
VTD	RODRIGUEZ, ROLGUES	9949 NORTHWEST 89TH AVENUE BAY 1	MEDLEY FL 33178

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/9/03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/9/03

CR2E040 (7/03)



Double Ace Cargo, Inc.

NVOCC LIC NO. 16078NF

9949 NW 89TH AVE., BAY 10, Medley, FL 33178

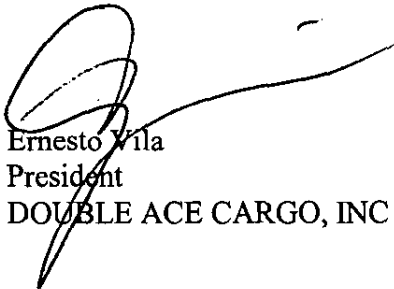
Tel: (305) 805-3555 / Fax: (305) 805-3593 / E-mail: doubleac@bellsouth.net

October 09, 2003

TO WHOM IT MAY CONCERN:

This is to confirm that Double Ace Cargo, Inc did not received any prior Notice on this document, We apologize for any inconveniences this may cause to Your office.

Sincerely,



Ernesto Villa
President
DOUBLE ACE CARGO, INC

**TO SUCCEED DO THE BEST YOU CAN,
WHERE YOU ARE, WITH WHAT YOU HAVE.**