PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED

04 MAR 18 PM 3: 55

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # *P O 2 O O O O 6 3 6 O O*

REINSTATEMENT 03-04

2000307 10062
03/18/04--01022--020 **308.75

1. Corporation Name

ERNEST AIR FRETGHT, INC

2. Principal Office Address
2451 CENTERGATE

3. Mailing Office Address

4. Date Incorporated or Qualified To Do Business in Florida

Suite, Apt. #, etc.
DRIVE # 306

Suite, Apt. #, etc.

City & State
PEMBROKE PINES, FL.

City & State

5. FEI Number
04-3679362

Applied For

Not Applicable

Zip *33025*	Country *BROWARD*	Zip	Country	**6.** CERTIFICATE OF STATUS DESIRED ☒	$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
ERNESTO ARENCIBIA

Street Address (P.O. Box Number is Not Acceptable)
2451 CENTERGATE DR.

Suite, Apt. #, Etc.
306

City *PEMBROKE PINES*	State **FL**	Zip Code *33025*

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 _____
REGISTERED AGENT MUST SIGN

Date *3-12-04*

CR2E081 (01/04)

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	*ERNESTO Arencibia*	*2451 Centergate Dr #306*	*Pembroke Pines FL 33025*

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *3-12-04*   Daytime Phone # *786-255-2247*