

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 NOV 21 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000123901**

1. Corporation Name

CJM CARGO CORP.

Principal Place of Business

10246 NW 57 TERR
MIAMI FL 33178

Mailing Address

10246 NW 57 TERR
MIAMI 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

5762 NW 98 Avenue
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Same
Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Zip

33178

Country

USA

Zip

Country

REINSTATEMENT

03



500024074895

10/24/03--01017--016 **150.00

4. Date Incorporated or Qualified
To Do Business in Florida

11/20/2002

5. FEI Number

74-3069992

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
P	CREAZZOLA, MIGUEL A	10246 NW 57 TERR	MIAMI FL 33178
D	CREAZZOLA, JULIO C	10246 NW 57 TERR	MIAMI FL 33178

8. Name and Address of Current Registered Agent

CREAZZOLA, MIGUEL A
10246 NW 57 TERR
MIAMI FL 33178

9. Name and Address of New Registered Agent

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

10/15/03

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 #

CR2E040 (7/03)

DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
P.O. BOX 1500
TALLAHASSEE, FL 32302

Entity name: CJM CARGO CORP.
Document #: P02000123901
FEI Number: 74-3069992

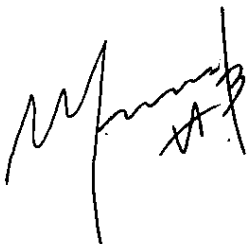
Dear Sir or Madam:

I am writing you in order to notify that due to I never received the first 2003 Uniform Business Report last March; apparently you mailed it to an old address even it was already changed, and as a consequence CJM CARGO, CORP. was put as inactive. Therefore, I am submitting an application for reinstatement filled and a \$150 check to cover the annual fees expecting to reactivate the company.

Thanks for your cooperation.

I apologize for any inconvenience or misunderstanding occurred.

Sincerely,

A handwritten signature in black ink, appearing to read 'Miguel Creazzola', with a stylized flourish at the end.

Miguel Creazzola
CJM CARGO, Corp
President