

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 27 PM 12:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000131841

1. Corporation Name

FIG NATIONAL CARRIERS, INC.

2. Principal Office Address

13140 N.W. 45 AVENUE

Suite, Apt. #, etc.

City & State

OPA LOCKA, FL

Zip

33054

Country

USA

3. Mailing Office Address

13140 N.W. 45 AVENUE

Suite, Apt. #, etc.

City & State

OPA LOCKA, FL

Zip

33054

Country

USA

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

12/16/02

5. FEI Number

81-0590145

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03

10/27/03--01066--004 **158.75

7. Name and Address of Current Registered Agent

Name

MARIA T. RODRIGUEZ

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

20041 N.W. 63 COURT

Suite, Apt. #, Etc.

City

HIALEAH

State

FL

Zip Code

33015

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 10/24/03

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/S	MARIA T. RODRIGUEZ	20041 N.W. 63 COURT	HIALEAH, FL 33015

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

MARIA T. RODRIGUEZ

10/24/03

Date

305-871-6800

Daytime Phone #

CR2E081 (10/02)

21 10/30

J.R. FERREIRO, JR., P.A.

Certified Public Accountant

7911 N.W. 72 Avenue, Suite 223-A

Medley, Florida 33166

Tel.: (786) 337-6918 Fax: (786) 337-6319

October 24, 2003

***Florida Department of State
Uniform Business Report
409 East Gaines Street
Tallahassee, Fl 32399***

RE: Fig National Carriers, Inc.

Doc# P02000131841.

Dear Sirs:

Enclosed is 2003 Uniform Business Report for the above referred to taxpayer , with check no. 4783 in the amount of \$158.75, from the Fig National Carriers, Inc. to pay for the Uniform Business Report. Fig National Carriers, Inc. moved and never received the annual report. Please waived all penalties on this matter.

If you required any other information please, do not hesitate to contact this office at 786-337-6918.

Thank You,



Isabel V. Ferreiro