PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 DEC 19 AM 11:27

DOCUMENT # P03000039448

1. Corporation Name
Cargo Net Logistic, Inc.

2. Principal Office Address	3. Mailing Office Address
8532 NW 66 Street	8532 NW 66 Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33166 Country: USA	Zip: 33166 Country: USA

CR2E081 (6/05)

4. Date Incorporated or Qualified To Do Business In Florida: 04/08/2003

5. FEI Number: 04-3750592 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75, Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Miguelina Gonzalez

Street address (P.O. Box Number is Not Acceptable): 6953 West 24 Court

500062513135
12/30/05 01059 001 *900.00

Suite, Apt. #, Etc.:

City: Hialeah State: FL Zip Code: 33016

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 _____ Date _____
REGISTERED AGENT MUST SIGN

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
PD	Miguelina Gonzalez	8532 NW 66 Street	Miami, Florida 33166

B 12/19/05
REINSTATEMENT 12-19-05

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: Miguelina Gonzalez 12/14/05 3055252354
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #