

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000070482

1. Corporation Name

D&C CARGO SERVICES INC

2. Principal Office Address

412 W MOWRY DRIVE

3. Mailing Office Address

412 W MOWRY DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOMESTEAD

City & State

HOMESTEAD

Zip

33030

Country

DADE

Zip

33030

Country

DADE

REINSTATEMENT

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

06/23/ 2003

5. FEI Number

51-0471813

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

LEON FRANCIS

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

224 WASHINGTON AVE

Suite, Apt. #, Etc.

5

City

HOMESTEAD

State
FL

Zip Code

33030

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

Leon Francis

REGISTERED AGENT MUST SIGN

Date

1/04/06

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	CLARK, MARCANIE	25701 SW 130 AVE	PRINCETON, FL 33032

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 contained in Chapter 119, 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

Marcanie Clark

Date

01/04/06

Daytime Phone #

MARCIANIE CLARK
25701 SW 130 AVE, PRINCETON FL 33032

January 5, 2006

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: D&C Cargo Services Inc
Fein: 51-0471813

Dear Sir/ Madam:

I am writing to ask you to relieve me of the reinstatement fees on my corporation, D&C Cargo Services Inc. I could not remember receiving the Annual Report notice and in addition my business has suffered severely by the two storms Katrina and Wilma.

Please find enclosed the reinstatement form and fees for the years 2004 and 2005.

Your earnest attention to this matter would be appreciated.

Sincerely,



Marcianie Clark.
President.