


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLET!

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 OCT 19 AM 8:00

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #: P03000129154

1. Corporation Name
South Winds Cargo, Inc

2. Principal Office Address
4831 N.W. 99 ct.

3. Mailing Office Address
4831 N.W. 99 ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip 33178 Country USA

Zip 33178 Country USA

REINSTATEMENT 04

MRS

4. Date Incorporated or Qualified To Do Business in Florida 11-10-03

5. FEI Number 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
CARLOS CABALLERO
Street Address (P.O. Box Number is Not Acceptable)
4831 N.W. 99 ct.
Suite, Apt. #, Etc.
City
MIAMI, FL

State FL Zip Code 33178

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 10-04-04
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
PSTD	Carlos Coballero	4831 N.W. 99 ct.	MIAMI, FL 33178

100041667311
10/07/04--01021--025 **150.00

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: _____ Date 10-04-04 305-333-4156
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PSTD Daytime Phone #

CR2E081 (01/04)

292

Miami, October 14th, 2004

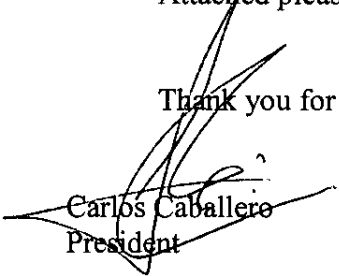
FL Division of Corporations
Tallahassee, FL 32314

Dear Sir/ Madam,

As we spoke by phone, I kindly ask you to please waive the penalty for reinstatement for our corporation, we did not received the form and consequently we did not pay it.

~~Attached please find our payment and the 2004 form~~

Thank you for your cooperation in this matter


Carlos Caballero
President