2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000012601 1. Entity Name FLA CARRIERS INC.				06 MAR -8 PH 2:40
7461 W ZALANE 746		Mailing Address 7461 W ZALANE HIALEAH, FL 33018		SLU. TATE
2. Principal Place of Sprainess 41 and 3. Suite. Apt. #, etc.		3. Mailing Address 74.01 WCS+6 Suite, Apt. #, etc.	glane	
City & Sharle Can FI		Cityle State	FI	03072006 REIN-P CR2E098 (11/05) 4. FEI Number 593179097 Applied For Not Applicable
320018	Country	ZIP 33018	Country US9	5. Certificate of Status Desired See Required Fee Required
ARZA, GIL 7461 W ZA HIALEAH,	ILANE FL 33018 named Phility submits this statement for		7401 City Hale	7. Name and Address of New Registered Agent BERTO ARDA JR. s (P.O. Box Number is Not Acceptable) WEST QUANCE BERTO ARDA JR. s (P.O. Box Number is Not Acceptable) WEST QUANCE Tip Code Tip Code Tip Code Tered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE_	ons of disprisered agent. Much Signature, typed or printed name of registered agent as	nd talle if applicable. (NOT	E: Registered Agent signature req	03-07-06 pulred when reinstating) DATE
FIL	E NOW!!! FEE IS \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P ARZA, GILBERTO 7461 W ZALANE HIALEAH, FL 33018 T ARZA, INES 7461 W ZALANE	Delete	11. ITTLE P NAME STREET ADDRESS CITY-ST-ZIP TITLE T NAME STREET ADDRESS ACC	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 29 GILBERTO
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY ST. 79	HIALEAH, FL 33018	☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS	YH (
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	03/20/0601024004 **300 00 Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
indicated of the cor	on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address, w	true and accurate and that i wered to execute this report	my signature shall have th i as required by Chapter 6 i.	ed in Chapter 119, Florida Statutes. I further certify that the information le same legal effect as if made under oath; that I am an officer or director 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if