

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 JUN -7 PM 3:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000096031

1. Corporation Name

Cerromar Logistics, Inc.

2. Principal Office Address

9767 NW 37 Street

Suite, Apt. #, etc.

City & State

Sunrise, Florida

Zip  
33351

Country

Broward

3. Mailing Office Address

9767 NW 37 Street

Suite, Apt. #, etc.

City & State

Sunrise, Florida

Zip  
33351

Country

Broward

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

X

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

Salomon Carias

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

9767 NW 37 Street

Suite, Apt. #, Etc.

City

Sunrise

State

FL

Zip Code

33351

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

REGISTERED AGENT MUST SIGN

Date 06/06/06

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
PD	Salomon Carias	9767 NW 37 Street	Sunrise, FL 33351

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

Date

Daytime Phone #

06/06/06 (954) 249-5200

**Cerromar Logistics, Inc.**

9767 NW 37<sup>th</sup> Street  
Sunrise, Florida 33351

June 6, 2006

Division of Corporation  
Uniform Business Report Filings  
P.O. Box 6327  
Tallahassee, FL 32314

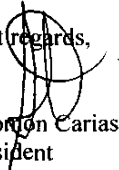
To Whom It May Concern:

We are sending our 2005 and 2006 Uniform Business Reports Late, because we moved from our previous address and we never received your notification to be able to file it on time.

Please wave your late payment penalty fee this time, since our payment has been unintentionally late. Attached, please find a check for \$ 300.00.

Thank you for your cooperation in this matter.

Best regards,

  
Salomon Carias  
President

Cc: File