

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
08 DEC 19 PM 3:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P05000007394

1. Corporation Name

ARBIDE CARGO EXPRESS CORPORATION

500139233265  
12/23/08--01015--013 \*\*1050.00

REINSTATEMENT 06-08

CR2E081 (10/08)

2. Principal Office Address - No P.O. Box # 6426 SW 10 STREET Suite, Apt. #, etc.		3. Mailing Office Address 6426 SW 10 STREET Suite, Apt. #, etc.	
City & State WEST MIAMI, FL		City & State WEST MIAMI, FL	
Zip 33134	Country US	Zip 33134	Country US

4. Date Incorporated or Qualified To Do Business in Florida 01/14/2005	
5. FEI Number 86-1126957	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name  
KV CARRIER SERVICES

Street Address (P.O. Box Number is Not Acceptable)  
11790 NW SOUTH RIVER DR

Suite, Apt. #, Etc.

City  
MEDLEY

State  
FL

Zip Code  
33178

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 12/18/2008

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
P	JUAN ARBIDE	6426 SW 10 STREET	WEST MIAMI, FL 33134

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: \_\_\_\_\_ JUAN ARBIDE \_\_\_\_\_ 12/18/2008 \_\_\_\_\_ (305)223-2222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

12/19