

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 MAR 14 PM 2:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000086822

1. Corporation Name

CARGOTRANS, INC.

2. Principal Office Address - No P.O. Box #

2127 Brickell Avenue

Suite, Apt. #, etc.

Suite 1105

City & State

Miami, Florida

Zip

33129

Country

3. Mailing Office Address

2127 Brickell Avenue

Suite, Apt. #, etc.

Suite 1105

City & State

Miami, Florida

Zip

33129

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/15/2006

5. FEI Number

20-3011749

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

SPIEGEL & UTRERA, P.A.

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

1840 Southwest 22nd Street

Suite, Apt. #, Etc.

4th Floor

City

Miami

State

FL

Zip Code

33145

☒ 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 By:

SPIEGEL & UTRERA, P.A.

Natalia Utrera, Vice President

REGISTERED AGENT MUST SIGN

Date

3-13-08

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	Ryser, Christian	2127 Brickell Avenue, Suite 1105	Miami, Florida 33129

900121199149
03/25/08--01022--013 **450.00

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 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

RYSER CHRISTIAN

03/12/08

Date

7862104788

Daytime Phone #

KS