

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

10 AUG 30 AM 10:57

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # P05000086822

1. Corporation Name

CARGOTRANS, INC.

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

4161 Bonita Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

4161 Bonita Avenue

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33133

Country

Zip

33133

Country

400183621094
07/23/10--01025--023 **400.00

09-10

4. Date incorporated or Qualified
To Do Business in Florida

06/16/2005

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 SW 22nd Street

Suite, Apt. #, Etc.

4th Floor

City

Miami

State

FL

Zip Code

33145

400183621094
06/24/10--01001--008 **300.00
400183621094
08/30/10--01018--006 **200.00

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.

Spiegel & Utrera, P.A.

Signature of

Registered Agent **By:**

Natalia Utrera, Vice President

Date

6/18/10

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	4161 Bonita Avenue	Miami, Florida 33133

10. E-mail Address: **ryserc@gmx.com**

(To be used for future annual report notification)

11. 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. I further certify, 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 #