## 2009 FOR PROFIT CORPORATION REINSTATEMENT

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DOCUMENT # P06000051940  1. Entity Name M & S CARGO EXPRESS CORP							09 NOV GEGRET TALLAHA	FILEI 16 AI ARYOF	4 9: 38	1
Principal Plac	e of Rusines	9	Mailing Address			ĺ	- FALLAHA	SSFF	a non	
,			1455 NORTH TREA	CHDE DDIV	<del>-</del>			- ve L, 1	LUMIUA	4
2400 NW 79 ST 1455 NORTH TREASU MIAMI, FL 33147 3 B					5					
NORTH BAY VILLAGE					41					
							H BOUR BLUR BENN BORN BORN			
2. Principal Place of Business - No P.O. Box # 3. Mailing				Mailing Address						
						INFIBIO	otatenis		<i>∕</i> ~~	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			09252009	9 REIN-Pallate	CRZE	098-(1/07:):	07
City & State			City & State			4. FEI Numb	er		Ar	oplied For
						20-4753			No	ot Applicable
Zip	Zíp Country		Zip Cor		itry	Cortificate	of Status Desired		\$8.75 Add	ditional
<u> </u>					Fee Require		Fee Require			
6. Name and Address of Current Registered Agent						7. Name and	Address of New Ro	gistered A	gent	
					Name					
CECIC, SUSANA R 1455 NORTH TREASURE DRIVE					Street Address (I	P.O. Box Numb	er is Not Acceptable	1		
1455 NOR 3B	CIH IKEA	SURE DRIVE			) economisent	.O. DOX 14dino	al la Not Acceptable	,		
	AY VII I A	GE, FL 33141								
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					City			FL	Zip Code	e
8. The above	named entit	y submits this statement fo	r the purpose of changing	j its register	ed office or register	ed agent, or bo	oth, in the State of Flo	rida. ‡am f	amiliar with.	and accept
the obligations of registered agent,										
Insorble lot										
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE										
FILE NOWIII FEE IS \$150.00 In accordance with s. 607.193(2)(b), F After January 1, 2010, Fee will be \$300.00 corporation did not receive the prior no									F.S., the notice.	
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS	L /CHANGES TO OFFI	CERS AND	DIRECTOR	2 INI 11
TITLE	PD	OT HOLITO MILE	☐ Delete	TITLI	.	ADDITIONO,	OF PARTOLO TO OTTE	JEITO AITO	☐ Change	Addition
NAME	CECIC, SUSANA R				- E				Change	☐ Yoution
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TITLE	VPD Delete				:	09750	3/0901040-	<u>'≃'''                                 </u>	(Ci)arge)	] Addition
NAME	LASCHERA, OSVALDO				E	بالماء وال	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	003	ctx44.VeiDleit*	O <del>O</del> Addition
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STREET ADDRESS	]	<b>L</b>		STRE	ET ADDRESS					
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CITY-ST-ZIP				CITY	-ST-ZIP					
		information supplied with								
indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver optrustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if										
changed, or on an attachment with an address, with all other like empowered.										
Q/nc/none										
SIGNAT	UKE: -	ATGNATURE AND TYPED OR PI	RINTED NAME OF SIGNING OFFIC	ER OR DIRECT	OR		//LO/LO	<u> </u>	ytime Phone #	
	•		// -// -// -//					J-E		