

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000122183

1. Entity Name
ACE TRANSLOGISTICS USA INC



Principal Place of Business
5561 NW 72 AVE
MIAMI, FL 33166

Mailing Address
5561 NW 72 AVE
MIAMI, FL 33166

FILED
08 DEC -4 PM 12:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box
5525 NW 72 Ave
Suite, Apt. #, etc.

3. Mailing Address
5525 NW 72 Ave
Suite, Apt. #, etc.

11262008 REIN-P CR2E098 (1/07)

City & State
Miami, FL
Zip
33166

City & State
Miami, FL
Zip
33166

4. FEI Number 26-1423763 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARZA, HENISLEY
5561 NW 72 AVE
MIAMI, FL 33166

7. Name and Address of New Registered Agent

Name Garza, Henisley
Street Address (P.O. Box Number is Not Acceptable)
5525 NW 72 Ave
City Miami FL Zip Code 33166

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [Signature]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2009, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARZA, HENISLEY 5561 NW 72 AVE MIAMI, FL 33166	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Garza, Henisley 5525 NW 72 Ave Miami, FL 33166	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

200138435922
12/04/08-01016-003 **150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 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 or trustee 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.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/4