

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

2015



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

15 DEC 31 AM 8:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P12000011870

1. Corporation Name

MARES CARGO EXPRESS, CORP.

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

10921 NW 26TH AVENUE

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33167

Country

DADE

3. Mailing Office Address

SAME AS ITEM #2

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

02/02/2012

5. FEI Number

46-0726754

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

JUAN B. MORA

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

10921 NW 26TH AVENUE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33167

100280545581
01/04/16--01008--012 **750.00

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.

Signature of
Registered Agent

Date **12/31/2015**

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
PD	ANDERSON S. MORA	10921 NW 26TH AVENUE	MIAMI, FLORIDA 33167
VD	JUAN B. MORA	10921 NW 26TH AVENUE	MIAMI, FLORIDA 33167
TD	SANDRA FELIX	10921 NW 26TH AVENUE	MIAMI, FLORIDA 33167

10. E-mail Address:

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/31/2015

786-985-3078

Date

Daytime Phone #

K ASHTON