

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC 18 PM 2:56

DOCUMENT # P92000001574

1. Corporation Name

CARGO NETWORK AGENCY INC.

Principal Place of Business

Mailing Address

1741-NW-93RD-AVE
MIAMI FL 33172
US

-- 1741-NW-93RD-AVE
MIAMI FL 33172
US



REINSTATEMENT 00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1600 N.W. 93 Ave.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

1600 N.W. 93 Ave.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

11/03/1992

5. FEI Number

65-0366680

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PSTV	TAVANO, EDUARDO V	1741-NW-93RD-AVE 1600 NW 93 Ave.	MIAMI FL 33172
D	TAVANO, EDUARDO V	1741-NW-93RD-AVE 1600 NW 93 Ave.	MIAMI FL 33172

300003514733-6
-12/27/00--01075-009
****758.75 ****758.75

8. Name and Address of Current Registered Agent

EDUARDO V TAVANO
1881 NW 93RD AVENUE
MIAMI FL 33172

9. Name and Address of New Registered Agent

Name

EDUARDO V. TAVANO

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

1600 NW 93rd Ave.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33172

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 12/15/2000

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
EDUARDO V. TAVANO

12/15/2000 (305) 5931881

Date

Daytime Phone #