

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
07 MAY -9 PM 3:53

DEPT OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000009208

1. Corporation Name

A.C.S. AIR CARGO, INC

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

8725 NW 18 TERRACE

3. Mailing Office Address

8725 NW 18 TERRACE

Suite, Apt. #, etc.

402

Suite, Apt. #, etc.

402

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33172

Country

USA

Zip

33172

Country

USA

REINSTATEMENT 02-07

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

02/08/1993

5. FEI Number

650387697

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

WILLIAM BROWN

777 BRICKEL AVENUE, SUITE 1114

SUITE 1114

MIAMI

FL

33131

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

REGISTERED AGENT MUST SIGN

Date **04/14/2007**

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
P	EDWIN MORA MURCIA	777 BRICKEL AVENUE, SUITE 1114.	MIAMI, FL 33131
S	JOSE ANTONIO ORTIZ	777 BRICKEL AVENUE, SUITE 1114	MIAMI, FL 33131
T	EDGAR MARIN CARBALLO	777 BRICKEL AVENUE, SUITE 1114	MIAMI, FL 33131

10. 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 contained in Chapter 118, 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

Edwin Mora April 24, 2007 2583817

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #