

1072

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC 11 AM 8:00

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000024145

1. Corporation Name
SESKO CARIBBEAN FREIGHT FORWARDERS, INC.

2. Principal Office Address 4715 NW 72 AVE Suite, Apt. #, etc. City & State MIAMI, FL Zip 33166		3. Mailing Office Address SAME Suite, Apt. #, etc. City & State MIAMI, FL Zip 33166	
Country USA		Country USA	

REINSTATEMENT 01-03

4. Date Incorporated or Qualified To Do Business in Florida 1993

5. FEI Number 65-0411709
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: William Abbadie
Street Address (P.O. Box Number is Not Acceptable): 4715 NW 72 AVENUE
Suite, Apt. #, Etc.:
City: MIAMI
State: FL
Zip Code: 33166

600024024306
10/22/03--01066--017 **458.75

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: *William Abbadie* WILLIAM ABBADIE -PRES Date: 10/20/03
REGISTERED AGENT MUST SIGN

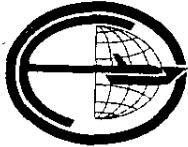
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
MR.	WILLIAM ABBADIE	4715 NW 72 Avenue	Miami, FL 33166
MRS.	MARICEL ABBADIE	4715 NW 72 Avenue	Miami, FL 33166

10. I certify that I am an officer or director of 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: *William Abbadie* WILLIAM ABBADIE -PRESIDENT Date: 10/20/03 305-477-2213
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2ED81 (10/02)



**CARIBBEAN FREIGHT
FORWARDERS, INC.**

P.O. Box 524082 • Miami, Florida 33152
Telephone: (305) 477-2213 • Fax: (305) 477-3919

202

October 20, 2003

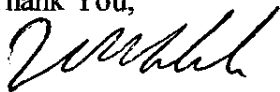
Department of State
Division of Corporations

409 E Gaines St
Tallahassee , FL 32399

Dear Sir or Madam:

We are requesting a waiver of the re-instatement fee due to the fact that we received no notice of cancellation for 2001.

Thank You,


William Abbadie