

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**FILED**

96 OCT 24 PM 3:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000032618**

1. Corporation Name  
**UNIVERSAL CARGO MANAGEMENT, INC.**

Principal Place of Business  
**5190 NW 167 STREET  
SUITE 223  
MIAMI FL 33014**

Mailing Address  
**5190 NW 167 STREET  
SUITE 223  
MIAMI FL 33014**

000002000750--6  
-11/08/96--01087--017  
\*\*\*\*600.00 \*\*\*\*225.00

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

2. New Principal Office Address, if Applicable  
**8068 N.W. 29TH STREET**

3. New Mailing Office Address, if Applicable  
**8068 N.W. 29TH STREET**

4. Date Incorporated or Qualified To Do Business in Florida  
**05/03/1993**

City & State  
**Miami, FL**  
Zip  
**33122**  
Country  
**U.S.A**

City & State  
**Miami, FL**  
Zip  
**33122**  
Country  
**USA**

5. FEI Number  
**65-0408480**

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<b>D</b>	<b>JOSEPH, DENNIS</b>	<b>5190 NW 167 ST #223</b>	<b>MIAMI FL 33014</b>
			<b>000002000750--6 -11/08/96--01087--018 ****200.00 ****150.00</b>
			<b>REINSTATEMENT 96</b>
			<b>10-30-96</b>
			<b>DL</b>

8. Name and Address of Current Registered Agent  
**JOSEPH, DENNIS E  
5190 NW 167 STREET  
SUITE 223  
MIAMI FL 33014**

9. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City  
State **FL** Zip Code

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** Date **10-18-96**  
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.082, Florida Statutes. Yes  No  (See other side for information on intangible tax.)

12. 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** Date **10-18-96**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR6240 (7/95)