

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC -6 PM 1:00

DOCUMENT # P 93000033344

1. Corporation Name

Atlas Freight Consolidators Inc.

2. Principal Office Address

1325 N.W. 21st St.

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33142

Country

U.S.A.

3. Mailing Office Address

1325 N.W. 21st St.

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33142

Country

U.S.A.

REINSTATEMENT 99-00

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

May 6, 1993

5. FEI Number

65-0438804

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

Barry Ferguson

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

1325 N.W. 21st St.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33142

100003499771

12/13/00-01067-024

****908.75 ****908.75

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

Barry Ferguson - Barry Ferguson

Date 12/1/00

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
PO	Barry Ferguson	1325 N.W. 21st St.	Miami, FL 33142
STD	Mildred Ferguson	1325 N.W. 21st St.	Miami, FL 33142

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. Ferguson - Mildred Ferguson 12/1/00

Date

Daytime Phone #

305-326-3366