

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



Florida Department of
Corporations
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000073029**

1. Corporation Name

CARGO SERVICES INTERNATIONAL, INC.

Principal Place of Business

5190 NW 167TH ST
SUITE 221
MIAMI FL 33014

Mailing Address

5190 NW 167TH ST
SUITE 221
MIAMI FL 33014

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

2. New Principal Office Address, If Applicable

8074 N.W. 29TH STREET
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

8074 N.W. 29TH STREET
Suite, Apt. #, etc.

City & State

Miami FL
Zip Country
33122 USA

City & State

Miami FL
Zip Country
33122 USA

4. Date Incorporated or Qualified
To Do Business in Florida

-11/08/96--01087--020

****200.00 ****200.00
10/21/1993

5. FEI Number

65-0522335

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

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
V	JOSEPH, DENNIS E	5190 NW 167TH ST. #221	MIAMI FL 33014
			700002000757--4 -11/08/96--01087--018 ****200.00 ****50.00
			700002000757--4 -11/08/96--01087--019 ****25.00 ****25.00
			96
			REINSTATEMENT

8. Name and Address of Current Registered Agent

JOSEPH, DENNIS E
5190 NW 167TH ST
SUITE 223
MIAMI FL 33014

9. Name and Address of Non-Registered Agent

Name

Street Address (P.O. Box Number, If Applicable)

Suite, Apt. #, Etc.

City

State

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

Dennis E. Joseph
REGISTERED AGENT MUST SIGN

Date 10-18-96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, 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:

Dennis E. Joseph
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10.18.96

Date

305-577-3412

Daytime Phone #