

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

96 NOV 14 AM 8:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P93000074420**

1. Corporation Name

**ULTRAEXPRESS CARGO AND EXPORT SERVICES, CORP.**

Principal Place of Business

Mailing Address

7545 N.W. 70TH STREET  
MIAMI FL 33166

7545 N.W. 70TH STREET  
MIAMI FL 33166

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

10/22/1993

5. FEI Number

65-0471333

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
<del>POD</del>	<del>RONDEROS, FABIO</del>	<del>7545 N.W. 70TH STREET</del>	<del>MIAMI FL 33166</del>
<del>VP</del>	<del>MORALES, JORGE</del>	<del>7545 N.W. 70TH ST.</del>	<del>MIAMI FL 33166</del>
<del>VT</del>	<del>DIAZ, HENRY</del>	<del>7545 N.W. 70TH ST.</del>	<del>MIAMI FL</del>
PST	DIAZ HENRY	7545 NW 70th ST.	Miami FL 33166
			900002009379--6 -11/20/96--01027--003 ####375.00 ####375.00 11-18-96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FERNANDEZ, CRISTINA P  
2311 S.W. 69TH COURT  
MIAMI FL 33165

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

REGISTERED AGENT MUST SIGN

Date 11-08-96

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:

SIGNATURE REQUIRED  
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-08-96