

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 7545 N.W. 70TH STREET MIAMI FL 33166	Mailing Address 7545 N.W. 70TH STREET MIAMI FL 33166
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REINSTATEMENT *96*

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		4. Date Incorporated or Qualified To Do Business in Florida 10/22/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0471333	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

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
POD	RONDEROS, FABIO	7545 N.W. 70TH STREET	MIAMI FL 33166
VP	MORALES, JORGE	7545 N.W. 70TH ST.	MIAMI FL 33166
VT	DAZ, HENRY	7545 N.W. 70TH ST.	MIAMI FL
PST	DIAZ HENRY	7545 NW 70th ST.	Miami FL 33166

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8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent			
FERNANDEZ, CRISTINA P 2311 S.W. 89TH COURT MIAMI FL 33165		Name			
		Street Address (P.O. Box Number is Not Acceptable)			
		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 *[Signature]* **SIGNATURE REQUIRED** Date **11-08-96**
 REGISTERED AGENT MUST SIGN

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]* **SIGNATURE REQUIRED** Date **11-08-96**
 SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #