

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P94000002430

1. Corporation Name

FREEPORT FREIGHT FORWARDERS OF MIAMI, INC.

2. Principal Office Address

7429 NW 50 ST

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33166

Country

US

3. Mailing Office Address

7429 NW 50 ST

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33166

Country

US

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

01/11/1994

5. FEI Number

65-0460012

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

WILLIAM J. WAGNER

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

7429 NW 50 ST

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33166

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

REGISTERED AGENT MUST SIGN

Date 05/24/2002

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
P	WAGNER, EDWARD J	7429 NW 50 ST	MIAMI, FL 33166
VP	WAGNER, WILLIAM J	7429 NW 50 ST	MIAMI, FL 33166

201.25-AK
10.00-ARPS
88.75-ARUPP

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:

WILLIAM WAGNER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/24/02

Date

305-591-3815

Daytime Phone #

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**Freeport Freight
Forwarders of Miami**

Freeport Freight Forwarders
of Miami, Inc.
7429 N.W. 50 Street
Miami, FL 33166

Phone: 305-591-3815
Fax: 305-477-9605
Email: wwagner@freeportfreight.com

May 24, 2002

Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32314

To whom it may concern,

We have not received a new UBR to file with. Per my conversation with your department please waive the reinstatement fees and penalties and find the enclosed UBR and check for \$300.00 for the years 2001 & 2002.

Best Regards,
William Wagner
Vice-President
Freeport Freight Forwarders of Miami, Inc.

