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 DEC -5 PM 2:53
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P94000003136

1. Corporation Name

CARGOLINK INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
1401 N.W. 78TH AVE SUITE 201 MIAMI FL 33126	1401 N.W. 78TH AVE SUITE 201 MIAMI FL 33126

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

REINSTATEMENT 96a05

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc. P.O. Box 526128
City & State	City & State Miami FL.
Zip / Country	Zip 33152 / Country DADE

4. Date Incorporated or Qualified To Do Business In Florida: 01/13/1994

5. FEI Number: 65-0459408 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	BAEZ, NORMAN C	9031 SW 92 COURT	MIAMI FL 33176
P	SUAREZ,ALEJANDRO J.	12481 S.W. 97TH STREET	MIAMI FL 33186
V	BAEZ,NORMAN C.	9031 SW 92ND COURT	MIAMI FL 33176
			400002022574--0 -12/06/96--01087--020 ****383.75 ****383.75

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
LAW FIRM OF LAWRENCE J. SPIEGEL,CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134	Name: ALEJANDRO J. SUAREZ Street Address (P.O. Box Number is Not Acceptable): 8803 NW 23 St. Suite, Apt. #, Etc.: City: Miami State: FL Zip Code: 33172

CR2E040 (7/96)

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 REQUIRED — REGISTERED AGENT MUST SIGN Date: 10/21/96

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 10/21/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: ALEJANDRO J. SUAREZ, PRESIDENT Date Daytime Phone #

0031237 AF