

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 20 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000007128

1. Corporation Name

ACECARGO AGENT, INC

2. Principal Office Address

7292 NW. 25th STREET

Suite, Apt. #, etc.

City & State

MIAMI, FL.

Zip

33126

Country

U.S.A.

3. Mailing Office Address

6955 NW. 52nd STREET

Suite, Apt. #, etc.

201-A

City & State

MIAMI, FL

Zip

33166

Country

U.S.A.

REINSTATEMENT

01-03

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

JAN. 28th 1994

5. FEI Number

650466511

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 - Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

RONALD CHAYTOR

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

6955 NW 52nd STREET

Suite, Apt. #, Etc.

201-A

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 **OCT. 15th 2003**

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	RONALD CHAYTOR	6955 NW 52nd STREET	MIAMI, FL. 33166
T	RONALD CHAYTOR	6955 NW 52nd STREET	MIAMI, FL. 33166
S	RONALD CHAYTOR	6955 NW 52nd STREET	MIAMI, FL. 33166

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:

RONALD CHAYTOR

10/15/03

(562) 232 2588

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)