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
97 APR -7 PM 1:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 9/6-97

DOCUMENT # P94000031098

1. Corporation Name
T.A.P. INTERNATIONAL CARGO, INC.

Principal Place of Business	Mailing Address
5543 NW 72ND AVE MIAMI FL 33166 US	5543 NW 72ND AVE MIAMI FL 33166 US

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

4. Date Incorporated or Qualified To Do Business in Florida: 04/25/1994

5. FEI Number: 65-0484497 — 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)

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
PD	PIZARRO, HERNANDO	5543 NW 72ND AVE	MIAMI FL
VD	PIZARRO, LIGIA T	7120 N.W. 50TH ST.	MIAMI FL 33166

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8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
PIZARRO, HERNANDO 7120 N.W. 50TH ST. MIAMI FL 33166	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City — State FL — Zip Code

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] Hernando Pizarro — REGISTERED AGENT MUST SIGN — Date 04/02/97

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] Hernando Pizarro — Date 04/02/97 — Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR