
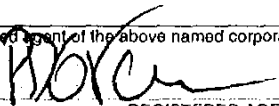


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 97 APR 30 PM 3:05 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P94000037817					
1. Corporation Name AEROCOLCARGO, INC.					
Principal Place of Business 6825 NW 82 AVE MIAMI FL 33166 US			Mailing Address 6825 NW 82 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 6991 NW 82 AVE Suite, Apt. #, etc. BAY 11 City & State MIAMI FL Zip 33166 Country USA		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida 05/19/1994 5. FEI Number 65-0495980 Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
D	OCAMPO, GERMAN	10230 NW 80 CRT. 14866 SW 40 CT	MIAMI FL 33015 MIAMI, FL 33027		
	MENDEZ, DANIEL	600 NW 24 ST, #205	MIAMI, FL 33135		
D	DIAZGRANADOS, PASCUAL	4944 NW 72 AVE #103 359 PINE CT	MIAMI FL 33166		
			2000002169472--2 05/07/97 01065-003 ***\$915.00 ***\$915.00		
8. Name and Address of Current Registered Agent DIAZGRANADOS, PASCUAL 4944 NW 72 AVE., #103 MIAMI FL 33178			9. Name and Address of New Registered Agent Name PASCUAL DIAZGRANADOS Street Address (P.O. Box Number is Not Acceptable) 359 PINE COURT Suite, Apt. #, Etc. City MIAMI State FL Zip Code 33166		
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  Date APRIL 27/97 REGISTERED AGENT MUST SIGN					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (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:  Date APRIL 27/97 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #					

CR2EQ40 (7/96)