

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 NOV 14 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDADOCUMENT # P94000057791

1. Corporation Name

Cargo Connection Logistics Holding Inc.

2. Principal Office Address
600 Bayview Avenue

Suite, Apt. #, etc.

City & State

Inwood, New York

Zip

11096

Country

USA

3. Mailing Office Address
600 Bayview Avenue

Suite, Apt. #, etc.

City & State

Inwood, New York

Zip

11096

Country

USA

REINSTATEMENT 05

CR2E081 (8/05)

4. Date Incorporated or Qualified
To Do Business in Florida

August 4, 2004

5. FEI Number
650717303

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒SEE Additional Certificate
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State
FLZip Code
32301

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 AgentCynthia L. HarrisCynthia L. Harris
as its agent

Date

11/11/05

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	Jesse Dobrinsky	600 Bayview Avenue	Inwood, New York 11096
Director	Scott Goodman	600 Bayview Avenue	Inwood, New York 11096
Secretary			
Director			
Vice-President	John Udell	600 Bayview Avenue	Inwood, New York 11096

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:

Scott Goodman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/11/05

Date

Daytime Phone #

242

Florida Department of State
Division of Corporations
Public Access System

DEW

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To:

Division of Corporations
Fax Number : (850) 205-0384

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1575

CORPORATION REINSTATEMENT**CARGO CONNECTION LOGISTICS HOLDING INC.**

Certificate of Status	0
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