

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED

97 JAN -3 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

PA4600069988

1. Corporation Name

RENIL EXPRESS CARGO CORP.

Mailing Address

Principal Place of Business

6931 N.W. 87 AVE
MIAMI, FL. 33166

MIAMI, Florida

REINSTATEMENT

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

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable

3. New Principal Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

September 22, 1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0522151

Not Applicable

Zip

Country

Zip

Country

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
PRESIDENT	CARLOS R. LOUREIRO	1333 SW 175TH WAY	Pembroke Pines, FL. 33024
VIC. PRESIDENT	LIZETE P. LOUREIRO	1333 SW 175TH WAY	Pembroke Pines, FL. 33024

400002051934--0
-01709X97--01019--014
****375.00 ****375.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MAURO C. SANTOS, Esq.
25 S.E. 2ND AVENUE #740
MIAMI, FL. 33131

Name ROBERT C. JENSEN G.A.
Street Address (P.O. Box Number is Not Acceptable)
5979 NW 151 ST.
Suite, Apt. #, Etc.
208
City MIAMI LAKES
State FL Zip Code 33014

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

ROBERT C. JENSEN
REGISTERED AGENT MUST SIGN

Date 12/30/96

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information)

12. 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.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

CARLOS R. LOUREIRO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/30/96
Date

305-825-2570
Daytime Phone

CR2E040 (6/94)