PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 MAR 25 AM 11:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000075953

1. Corporation Name

AEROCARGAS ARGENTINAS, INC.

2. Principal Office Address	**3.** Mailing Office Address
25 SE 2 Ave	25 SE 2 Ave
Suite, Apt. #, etc. 410	Suite, Apt. #, etc. 410
City & State Miami, Fl.	City & State Miami, Fl.
Zip 33131 Country	Zip 33131 Country

4. Date Incorporated or Qualified To Do Business in Florida 10/17/1994

5. FEI Number 65-0536915 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: CASTILLO, JOSE L

Street Address (P.O. Box Number is Not Acceptable): 25 SE 2 Ave # 410

Suite, Apt. #, Etc.: 410

City: MIAMI FL State: FL Zip Code: 33131

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****900.00 ****900.00

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 _____ Date March 20 2002

REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
PSD	CASTILLO, JOSE L.	25 SE 2 Ave #410	Miami, Fl. 33131
		REINSTATEMENT	01-02

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: _____ Jose L Castillo, Pres. 3/20/02 305-593-9200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #