

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P94000077353

1. Corporation Name

SOUTH AMERICAN AIRFREIGHT EXPORT CORPORATION

Principal Place of Business

7325 NW 54ST  
BAY #35  
MIAMI FL 33166  
US

Mailing Address

5101 COLLINS AV  
11A  
MIAMI BCH FL 33140  
US

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

2. New Principal Office Address, If Applicable

5151 COLLINS AVE.

Suite, Apt. #, etc.

\* 620

City & State

MIAMI BEACH-FL

Zip

33140 33A.

3. New Mailing Office Address, If Applicable

5151 COLLINS AVE.

Suite, Apt. #, etc.

\* 620

City & State

MIAMI BEACH-FL

Zip

33140

FLA.

4. Date Incorporated or Qualified  
To Do Business in Florida

10/21/1994

5. FEI Number

65-0528320

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$6.75 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
PS	ROJAS, NESTOR IRLA	5101 COLLINS AVE., APT #11A	MIAMI BEACH FL
D	IRALA, DORA LOPEZ	5101 COLLINS AVE., APT #11A	MIAMI BEACH FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PEREZ, JOSE I 2000 S. DIXIE HWY SUITE 100 MIAMI FL 33133		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State Zip Code
		FL	

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 01/22/99

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/22/99

Date

305 861-4628

Daytime Phone #



REINSTATEMENT

9899

CR2E040 (9/98)