

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



**CORPORATION  
REINSTATEMENT**

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT -5 AM 9:55

DOCUMENT # P94000079029

1. Corporation Name

AMERICAN EAGLE CARGO, INC.

2. Principal Office Address

8120 Geneva Ct.

3. Mailing Office Address

8120 Geneva Ct.

Suite, Apt. #, etc.

No. 449 D

Suite, Apt. #, etc.

No. 449 D

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33166

Country

Miami-Dade

Zip

33166

Country

Miami-Dade

REINSTATEMENT 99-00

4. Date Incorporated or Qualified  
To Do Business in Florida

10/27/94

5. FEI Number

65-0531538

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

GUILLERMO A. NANEZ

100003426871-3

-10/17/00-01009-05

\*\*\*\*400.00 \*\*\*\*400.00

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

8120 Geneva Ct.

100003426871-3

-10/17/00-01009-06

\*\*\*\*500.00 \*\*\*\*500.00

Suite, Apt. #, Etc.

No. 449 D

City

Miami

State

FL

Zip Code

33166

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

*Guillermo A. Nanez*  
REGISTERED AGENT MUST SIGN

Date

09-26-00

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 |
|--------|-----------------------------------|--|--------------------|
| P/D    | Guillermo A. Nanez                | 8120 Geneva Ct.<br>No. 449 D                   | Miami, FL 33166    |
|        |                                   |  |                    |
|        |                                   |  |                    |
|        |                                   |  |                    |
|        |                                   |  |                    |
|        |                                   |  |                    |

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:

*Guillermo A. Nanez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

09-26-00

(305) 968-5614

Daytime Phone #

GUILLERMO A. NANEZ, PRESIDENT

CR2E081 (9/99)