Expression of Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  8. Name of Officers  1 diet(s) 2 and/or Directors 3 (Do NOT Use Pest Office Box Numbers) 4 (Directors 1 (Do NOT Use Pest Office Box Numbers) 4 (Do NOT Use Pest Office Box Numbers) 5 (Do NOT Use Pest Office Box Numbers) 5 (Do NOT Use Pest Office Box Numbers) 7 (Do NOT Use Pest Office Box Numbers) 7 (Do NOT Use Pest Office Box Numbers) 8 (Do NOT Use Pest Office Box Numbers) 8 (Do NOT Use Pest Office Box Numbers) 9 (Do NOT Use Pest Office Box Numbers) 1 (Do NoT Us	PLEASE HEAD	ALL INS	TRUCTIONS	BEFORE (	ZOMPLE	ING THIS FO	JHIVI.	· · · · · · · · · · · · · · · · · · ·	
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7. Names and Siree! Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directory)  Title(s)  Title(s)  P MIGUEL I. LULINSKI  21230 NE 3 CT.  N.MIAMI BEACH, FL 33180  100002701251		Zip Country		<del></del>	6.		S6.75_Addition	al Fee required	
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B. Name and Address of Current Registered Agent  8. Name and Address of Current Registered Agent  Name  8. Name and Address of Current Registered Agent  Name  8. Name and Address of New Registered Agent  Name			3 (Do NOT Us	se Post Office Box N	Numbers)	4	City / State / Zip		
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8. Name and Address of Current Registered Agent  Name  MIGUEL . I LULINSKI  1230 NB 3 CT.  FORTH MIAMI BEACH , FL 33180  Sireet Address (P.O. Box Number is Not Acceptable)  Signature of Technical Agent Agent Agent Agent MUST SIGN  To proporation of owes or has paid the current year Intangible Personal Property tax due June 30.  Technical Agent Ag						<del></del>			
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In this corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No Section 607.0505, F.S. If further 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.  MIGUEL I. LULINSKI	<u>e</u>			City State   Zin Code					
REGISTERED AGENT MUST SIGN  11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.  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.  MIGUEL I. LULINSKI					FL				
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Division of Corporations P.O. BOX 6327 Tallahasse, Fl 32314

Per instructions from Division Of Corporations, I am attaching a check in the amount of \$515.00 for the annual report fee with my application.

I also state that I have not received any notice from the Division Of Corporations in respect with my corporation COMAR FREIGHT FORWARDING, INC.

Thank you for your courtesy in this matter.

MIGUEL I KULINSKI

President