PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

APPLICATION FOR 96 REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
- Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000020203

1. Corporation Name

Barracuda Freight, Inc.

Principal Place of Business

7337 N.W. 37th Ave
Miami, FL 33147

Mailing Address

W98-396

400002395994--9
-01/09/98--01096--004
***1088.75 ***1088.75

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

2. New Principal Office Address, If Applicable
29850 SW. 209 Ave.
Suite, Apt. #, etc.
City & State
Homestead, FL
Zip 33030 Country Dade

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida
March 13, 1995

5. FEI Number
65-0569155
☐ Applied For
☐ Not Applicable

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)

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
Pres.	Danielle Sellers	29850 SW 209 Ave.	Homestead, FL 33030
Tr/Dir	Fleta A. Sellers	3163 McDonald St.	Miami, FL 33
Sec/Dir	Tomas M. Acosta	7337 N.W. 37 Ave	Miami, FL 33147
		REINSTATEMENT 96-98 1/7/98	

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name: Danielle Sellers
Street Address (P.O. Box Number is Not Acceptable): 29850 SW 209th Ave
Suite, Apt. #, Etc.:
City: Homestead State: FL Zip Code: 33030

CR2E064 (12/95)

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: Danielle Sellers
REGISTERED AGENT MUST SIGN
Date: 12/30/97

11. 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.)

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: Danielle Sellers 12/30/97 305-858-5800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #