

**APPLICATION  
FOR  
REINSTATEMENT**



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

FILED

97 MAY -1 PM 1:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P95000044364

1. Corporation Name  
**ARGUELLO DELIVERY AND CARGO CORPORATION**

Principal Place of Business Mailing Address  
720 N. W. 111 PL #4 Same  
MIAMI FL 33172-3774



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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		June 8/1995	
City & State		City & State		5. FEI Number	
Zip		Country		65-0590945	
				Applied For	
				Not Applicab	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee req'd 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
D	GUSTAVO ARGUELLO	720 N. W. 111 PL #4	MIAMI FL 33172

400002167434--2  
-05/06/97--01071--003  
\*\*\*200.00 \*\*\*200.00

35-2-97

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
GUSTAVO ARGUELLO 720 N. W. 111 PL #4 MIAMI FL 33172		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 807.0505, F.S.  
Signature of Registered Agent: G. ARGUELLO Date: 4/28/97  
REGISTERED AGENT MUST SIGN

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 807 or 817, 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 807.0401 or 817.0401, 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: G. ARGUELLO Date: 4/28/97 (305) 551-2431  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #