

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 # P95000045133

1. Corporation Name

CARGO INTERNATIONAL FREIGHT FORWARDERS, INC.

Principal Place of Business

3014 N.W. 79TH AVE.  
MIAMI FL 33122

Mailing Address

3014 N.W. 79TH AVE.  
MIAMI FL 33122

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

2. New Principal Office Address, If Applicable  
8329 N.W. 66th STREET

Suite, Apt. #, etc.  
MIAMI, FLORIDA 33166

City & State  
MIAMI, FLORIDA

Zip Country  
33166 U.S.A.

3. New Mailing Office Address, If Applicable  
8329 N.W. 66th STREET

Suite, Apt. #, etc.  
MIAMI, FLORIDA 33166

City & State  
MIAMI, FLORIDA

Zip Country  
33166 U.S.A.

FILED

97 OCT 27 PM 2:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 97

4. Date Incorporated or Qualified  
To Do Business in Florida

06/12/1995

5. FEI Number

65-0587622

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	INOSTROZA, ROBERTO 8329 N.W. 66th ST	3014 N.W. 79TH AVE. 8329 N.W. 66th ST	MIAMI FL 33122
STD	OBONAGA, ZENAYDA	%3014 N.W. 79TH AVE.	MIAMI FL 33122

000002333070--7  
-10/29/97--01107--011  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

INOSTROZA, ROBERTO  
3014 N.W. 79TH AVE.  
MIAMI FL 33122

9. Name and Address of New Registered Agent

Name

ZENAYDA OBONAGA

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

8329 N.W. 66th. street

Suite, Apt. #, Etc.

City

POMPANO BEACH

State  
FL

Zip Code

33166

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

*Zenayda Obonaga*  
REGISTERED AGENT MUST SIGN

Date

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)(l), 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

Date

Daytime Phone #