

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

96 NOV -4 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000070488**

1. Corporation Name

FERDOM CARGO & FREIGHT FORWARDING, INC.

Principal Place of Business

Mailing Address

**14730 SW 54 TERRACE
MIAMI FL 33185**

**14730 SW 54 TERRACE
MIAMI FL 33185**

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

2. New Principal Office Address, If Applicable

7930 NW 21ST.

3. New Mailing Office Address, If Applicable

7930 N.W. 21ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI - FL.

City & State

MIAMI - FL.

Zip

33122

Country

DADE

Zip

33122

Country

DADE

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

08/13/1995

5. FEI Number

65-0620249

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ **YES**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	DOMINGUEZ, FERNANDO	14730 SW 54 TERRACE 7930 N.W. 21ST.	MIAMI FL 33185 MIAMI - FL 33122
			700002001077--6 -11/08/96-01111-029 *****8.75 *****8.75
			700002001077--6 -11/08/96-01111-030 *****375.00 *****375.00
			700002001077--6 -11/08/96-01111-030 *****375.00 *****375.00

8. Name and Address of Current Registered Agent

**DOMINGUEZ, FERNANDO
14730 SW 54 TERRACE
MIAMI FL 33185**

9. Name and Address of New Registered Agent

Name

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

7930 NW 21ST.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33122

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

SIGNATURE REQUIRED

Date

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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #