

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 JUN 27 AM 11:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000079557

1. Corporation Name

RI INTERNATIONAL CARGO, INC

2. Principal Office Address

7951 SW 40 ST

Suite, Apt. #, etc.

20

City & State

MIAMI, FL

Zip

33155

Country

U.S.A.

3. Mailing Office Address

7951 SW 40 ST

Suite, Apt. #, etc.

20

City & State

MIAMI, FL

Zip

33155

Country

U.S.A.

**REINSTATEMENT 96-00**

4. Date Incorporated or Qualified  
To Do Business in Florida

10-17-95 SP

5. FEI Number

65-0384477

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

OSVALDO J DIAZ

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

7951 SW 40 TH ST

Suite, Apt. #, Etc.

20

City

MIAMI

600003314546-1

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\*\*\*1350.00 \*\*\*1350.00

State

FL

Zip Code

33155

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

OJ7

Date 6-26-00

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	ROBERTO CUESTA	7951 SW 40 ST #20	MIAMI, FL 33155

10. 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-26-00

Date

Daytime Phone #

(305)

361-6251