

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 # **PA5000081462**

1. Corporation Name

CONOSUR CARGO CORPORATION

Principal Place of Business

Mailing Address

6705 N.W. 84th AVENUE
MIAMI, FLORIDA 33166

6705 N.W. 84th AVENUE
MIAMI, FLORIDA 33166

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

2. New Principal Office Address, If Applicable
6705 N.W. 84th Ave.

3. New Mailing Office Address, If Applicable
6705 N.W. 84th Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33166

Country

U.S.A.

Zip

33166

Country

U.S.A.

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

10-23-95

5. FEI Number

65-0735751

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
P-T	GONZALO A. CONCHA	10410 S.W. 139th Avenue	MIAMI, FLORIDA 33186
V-S	MAURICE G. CONCHA	2555 COLLINS AVE. APT.1409	MIAMI BEACH, FLORIDA 33140

8. Name and Address of Current Registered Agent

PEDRO PITA

(DECEASED)

9. Name and Address of New Registered Agent

Name

GONZALO A. CONCHA

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

10410 S.W. 139th AVENUE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33186

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

REGISTERED AGENT MUST SIGN

Date 11-05-98

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

11-05-98

Date

305-594-3960

Daytime Phone #

CR2ED40 (1/95)