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
97 DEC -3 AM 10: 29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000000998

1. Corporation Name

FREIGHT FORWARDERS OF FLORIDA, INC.

Principal Place of Business | Mailing Address

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

REINSTATEMENT 96-97

2. New Principal Office Address, If Applicable
10255 General Drive
Suite, Apt. #, etc.
Suite A3
City & State
Orlando, FL
Zip: 32824 | Country: Orange

3. New Mailing Office Address, If Applicable
PO Box 620727
Suite, Apt. #, etc.
City & State
Orlando, FL
Zip: 32862 | Country: Orange

4. Date Incorporated or Qualified To Do Business in Florida
12/26/95

5. FEI Number
65-0639514
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
P/D	Lance E. Jones	10255 General Dr., Ste. A3	Orlando, FL 32824
VP/D	Richard C. Cullen, Sr.	10255 General Dr., Ste. A3	Orlando, FL 32824
S/T/D	Richard C. Cullen, III	10255 General Dr., Ste. A3	Orlando, FL 32824

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****915.00 ****915.00

8. Name and Address of Current Registered Agent
Jones Lance
1076 Siena Oaks Circle East
Palm Beach Gardens, FL 33410

9. Name and Address of New Registered Agent
Name: Jeff B. Clark, Esquire
Street Address (P.O. Box Number is Not Acceptable): 105 E. Robinson St., Suite 301
Suite, Apt. #, Etc.
City: Orlando | State: FL | Zip Code: 32801

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 _____ Date Nov. 24, 1997
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 [XX]
(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Richard C. Cullen, II - Secy/Treas/Dir

12/1/97 Date

407-438-2111 Daytime Phone #

CR2E040 (12/96)