FEB. 12. 1999 E 9:52AM READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM P. 4/5

APPLICATION FOR REINSTATEMENT

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

APPROVED AND FILED

99 FEB 15 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000023060

1. Corporation Name
MUTI FREIGHT CARRIER INC

Principal Place of Business	Mailing Address
6895 W 25 CT HIALEAH FL 33016	

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

FOR STATE USE ONLY 99-99

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / County

4. Date Incorporated or Qualified To Do Business in Florida: MARCH 14 1996

5. FEI Number: 65-0693783 ☐ 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	ELISEO R NAVAL	6895 W 25 CT	HIALEAH, FL, 33016
			400000277324--T -02/16/99--01088--017 ****500.00 ****500.00
			400000277324--T -02/16/99--01088--018 ****500.00 ****500.00
			400000277324--T -02/16/99--01088--019 *****50.00 *****50.00

2/15/99

8. Name and Address of Current Registered Agent

ELISEO R NAVAL
6895 W. 25 CT
HIALEAH FL 33016

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State: FL | Zip Code

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: Eliseo R Naval — Date: 2/12/1999
REGISTERED AGENT MUST SIGN

11. This corporation owes 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)(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: Eliseo R Naval — 2/12/1999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

IF ANY QUESTION PLEASE CALL ME
1-305-409-9995 THANK-YOU