

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

01 JAN -2 AM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000056655

1. Corporation Name

FREIGHT MANAGEMENT INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

7596 N.W. 8TH STREET
MIAMI FL 33126

~~7596 N.W. 8TH STREET~~ 16111 S.W. 102 Ave
~~MIAMI FL 33126~~



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

REINSTATEMENT

2000

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

07/01/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0830066

Applied For

Not Applicable

City & State

City & State

MIAMI, FL

Zip

Country

Zip

Country

33157

U.S.A

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 | 4 City / State / Zip |
|---------------|---|--|-------------------------|
| D | LAKE, RICHARD | 7596 N.W. 8TH STREET | MIAMI FL 33126 |
| D | LAKE, MICHAEL | 7596 N.W. 8TH STREET | MIAMI FL 33126 |
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****758.75 ****758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ANDERSON, WOOLTON

7596 N.W. 8TH STREET 16111 S.W. 102 Ave
MIAMI FL 33126 MIAMI, FL 33157

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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 12-29-2000

11. 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:

RICHARD LAKE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-29-2000 305-252-3530

Date

Daytime Phone #

CR2E040 (8/00)