

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT -6 PM 1:29

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT #

P96000062437

1. Corporation Name

AIRMAR CARGO SERVICES, INC.

2. Principal Office Address

8355 NW 68th. Street

3. Mailing Office Address

8355 NW 68th. Street

a, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA 33166

City & State

MIAMI, FLORIDA 33166

Zip

33166

Country

U.S.A.

Zip

33166

Country

U.S.A.

**REINSTATEMENT**

03

4. Date Incorporated or Qualified  
To Do Business in Florida

07/25/96

5. FEI Number

65-0696573

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

Manuel M. Arias, E.A.

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

5669 SW 1st. Street

Suite, Apt. #, Etc.

600023527836

10/03/03--01006--032 \*\*758.77

City

Miami, Florida

State

FL

Zip Code

33134

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

*Manuel M. Arias, E.A.*  
REGISTERED AGENT MUST SIGN

Date

9/30/03

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
PSTD	CORDERO, HERMAN	8355 NW 68th Street	Miami, Florida 33166

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:

*Herman Cordero*

HERMAN CORDERO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(305) 470-2221

Daytime Phone #

CR2E081 (10/02)