

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC 23 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000074295

1. Corporation Name

MB Cargo, Inc.

300009633603
12/23/02--01042--010 **150.00

4BR
02

2. Principal Office Address

7202 NW 84th Ave

3. Mailing Office Address

Same.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Florida

City & State

same

Zip

33166

Country

Dade

Zip

Same

Country

Same

4. Date Incorporated or Qualified
To Do Business in Florida

Oct, 1996

5. FEI Number

65-0691683

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

CASSINGENA, FERNANDO

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

7233 NW 108 CT

Suite, Apt. #, Etc.

City

MIAMI

FLORIDA

State

FL

Zip Code

33178

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

REGISTERED AGENT MUST SIGN

Date

12/19/2002

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
P	CASSINGENA, FERNANDO	7233 NW 108 CT	Miami, FL 33178
ST	CASSINGENA, MANUEL	Ed. f UR-14 Apt 13 Av. Girona	Valencia Venezuela
D	REDMOND, DOUGLAS	20 Tern CT	East Islip NY 11730
D	BENITEZ, ORLANDO	Ed. f. Panorama Apt 4-Ave	Valencia Venezuela

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:

Fernando Cassingena

12/19/02

305 594-0266

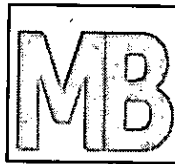
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

B



CARGO, INC

7202 N.W 84 AV.

MIAMI, FL 33166

PH#(305) 594-0266

E-mail: sales@mbcargo.net

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To: DIVISION OF CORPORATION

Attn.: To Whom It May Concern:

From: Fernando Cassingena

Re: P96000074295

Date:

12/19/2002

Dear Sir or Madam,

Please find attached to this letter the **reinstatement** form and a check for US\$ 150.00 to cover our filling fee for the year 20002. We would like to ask you to wave the late fee due to the fact that the filling fee form was never received at our address. In fact after we spoke to your office they corroborated that the form was returned. Our address has not changed; therefore we do not know why it never arrived and why it was returned. Thank you for your help in this matter.

Sincerely,

A handwritten signature in dark ink, appearing to read 'F. Cassingena', written over a horizontal line.

FERNANDO CASSINGENA
President