

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Laura B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P910000098061**

1. Corporation Name

AMEX INTERNATIONAL FREIGHT FORWARDERS CORPORATION

Principal Place of Business

Mailing Address

1601 SOUTH OCEAN DR #504 HOLLYWOOD, FL 33019

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

2. New Principal Office Address, If Applicable

8341 NW 54 ST

3. New Mailing Office Address, If Applicable

8341 NW 54 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33166

Country

DADE

Zip

33166

Country

DADE

4. Date Incorporated or Qualified To Do Business in Florida

DECEMBER 4, 1996

5. FEI Number

65-0711426

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-T/D	ARTUR M. DA COSTA	3300-191 ST APT 417-AVENTURA	MIAMI, FL 33180
VP/D	FRANCISCO F DE MENEZES	AVE PROFESSOR JOA MACHADO #2811	NATAL RN, BRAZIL 59078340
S/D	MARIA GORETTI CH. MENDONÇA	3300-191 ST APT 802-AVENTURA	MIAMI, FL 33180

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-08/25/97--01173--005
*******550.00 *****550.00**

8. Name and Address of Current Registered Agent

ANTONIO A. XAVIER
1601 SOUTH OCEAN DR #504
HOLLYWOOD, FL 33019

9. Name and Address of New Registered Agent

Name **ARTUR M. DA COSTA**
 Street Address (P.O. Box Number is Not Acceptable)
3300-191 ST APT 417 AVENTURA
 Suite, Apt. #, Etc.
 City **MIAMI** State **FL** Zip Code **33180**

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **08-20-97**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-20-97

Date

(305) 438-2848

Daytime Phone #

CR2E040 (12/96)