

1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JUN 18 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000031762

1. Corporation Name

INT'L CARGO CARRIERS, INC.

2. Principal Office Address

2754 N.W. 112 AVENUE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33172

Country

USA

3. Mailing Office Address

2754 N.W. 112 AVENUE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33172

Country

USA

500038088005
06/18/04--01020--002 **300.00
REINSTATEMENT 0304

4. Date Incorporated or Qualified

To Do Business in Florida 4/08/1997

5. FEI Number

65-0743975

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

NAM, JUNGCHE

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

13830 N.W. 22 CT.

Suite, Apt. #, Etc.

City

SUNRISE

State
FL

Zip Code
33323

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 6/09/2004

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, D	NAM, JUNGCHE	13830 N.W. 22 CT.	SUNRISE, FL 33323

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:

SIGNATURE AND SIGNED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/09/2004 (305) 4062010

Date

Daytime Phone #

CP2E081 (01/04)

20f2

INT'L CARGO CARRIER, INC.
2754 N.W. 112 AVE
MIAMI, FLORIDA 33172
TEL (305) 406-2010

June 9, 2004

DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

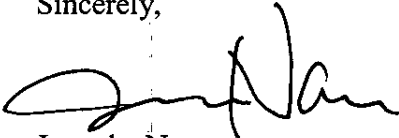
Re: Request for reinstatement
Document #: P97000031762

Dear sir or madam,

This is in request for a reinstatement of our corporation. The corporation did not receive the annual report in 2003 that caused the corporation being dissolved. I have enclosed \$300.00 (fee for 2003 and 2004) along with reinstatement application.

Please update your record as the information appears on the reinstatement application and abate any penalty if there is. Contact us if you have any questions.

Sincerely,



Jungche Nam
President

Enclosures: A check (\$300.00)
A reinstatement application.