

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC 30 AM 11:17

SECRET OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

197000031762

INTERNATIONAL CARGO CARRIER, INC.

2. Principal Office Address

2758 NW 112 Avenue

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33172

Country

USA

3. Mailing Office Address

2758 NW 112 Avenue

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33172

Country

USA

700009746117
12/30/02--01098--003 **900.00

REINSTATEMENT

06-02

4. Date Incorporated or Qualified
To Do Business in Florida

April, 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

Hector M. Diaz, Esq.

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

2801 Ponce de Leon Blvd.

Suite, Apt. #, Etc.

#320

City

Coral Gables

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

REGISTERED AGENT MUST SIGN

Date 12-27-02

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
Pres.	Jung Che Nam	2758 NW 112 Avenue	Miami, Fl. 33172

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/24/02
Date

305-406-2010
Daytime Phone #

CR2E081 (9/01)