

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

PROPOSED
AND
FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 MAY 23 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000033144

1. Corporation Name

TANGO CARGO, INC.

2. Principal Office Address

7812 N.W. 46 Street

3. Mailing Office Address

7812 N.W. 46 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Miami, Fl.

Zip

33166

Country

USA

Zip

33166

Country

USA

600020431016
06/04/03--01003--028 **900.00

REINSTATEMENT 02-03

**4. Date Incorporated or Qualified
To Do Business in Florida**

4/11/97

5. FEI Number

65-0874993

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

OSVALDO BATISTA

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

7812 N.W. 46 Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33166

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**

Date 5/20/03

REGISTERED AGENT MUST SIGN

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 |
|--------|--------------------------------------|---|--------------------|
| PTS | OSVALDO BATISTA | 7812 N.W. 46 Street | Miami, Fl. 33166 |
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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

5/20/03 305-905-4135

Date

Daytime Phone #

CR2E081 (10/02)