

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 AUG 19 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000056976.

1. Corporation Name

CONTINENTAL LOGISTIC SERVICES, CORP.

2. Principal Office Address

2300 NW 94TH AV

Suite, Apt. #, etc.

#205

City & State

Miami

Zip 33172
FL

Country

EEUU

3. Mailing Office Address

2300 NW 94TH AV

Suite, Apt. #, etc.

#205

City & State

Miami FL

Zip

33172

Country

EEU

REINSTATEMENT 02-04

4. Date Incorporated or Qualified
To Do Business in Florida

06/27/1997

5. FEI Number

65-0771902

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

Ramon Harado

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

10540 NW 26th Suite 103

Suite, Apt. #, Etc.

1

City

Miami

State
FL

Zip Code

33172

900040324379

08/19/04--01045--008 **1000.00

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

Tania Rondon

REGISTERED AGENT MUST SIGN

Date 08/11/04

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.	Tania Rondon	2300 NW 94th AV #205	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:

Tania Rondon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/11/04 305-6392301

Date

Daytime Phone #