

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 FEB 10 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JD
2-10-09

500141492365
01/20/09--01057--010 **150.00

REINSTATEMENT 07-09

DOCUMENT # P97000067200

1. Corporation Name

South Florida Air Cargo, Inc.

2. Principal Office Address - No P.O. Box #

6500 N.W. 22nd Street

3. Mailing Office Address

6500 N.W. 22nd Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33186

Country

USA

Zip

33122

Country

USA

7. Name and Address of Current Registered Agent

Name

Felipe Meyer

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

6500 N.W. 22nd Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33186

4. Date Incorporated or Qualified
To Do Business in Florida

August 4, 1997

5. FEI Number
650814929

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 January 9, 2009

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
VP/GM	Felipe Meyer	6500 N.W. 22nd Street	Miami, Florida 33122

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01/20/09 01057 011 **450.00

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 contained in Chapter 119, 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

Date

1/15/2008

Daytime Phone #