

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

FILED

04 FEB -9 AM 10:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000001686

1. Corporation Name

U.S.A. AIRFREIGHT TRANSPORTATION, INC.

Principal Place of Business

Mailing Address

5770 S.W. 149 AVENUE  
MIAMI FL 33193  
US

5770 S.W. 149 AVENUE  
MIAMI FL 33193  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/07/1998

5. FEI Number

65-0811074

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DPS	CANELA, JACQUELINE C	5770 SW 149 AVE	MIAMI FL 33193
VT	CANELA, JORGE	5770 SW 149 AVE	MIAMI FL 33193

400027367144  
01/21/04--01093--002 \*\*750.00

400027367144  
02/12/04--01035--012 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CANELA, JACQUELINE C  
U.S.A. AIRFREIGHT TRANSPORTATION, INC.  
5770 S.W. 149 AVENUE  
MIAMI FL 33193

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 12-30-03

11. 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

Date

Daytime Phone #

12-30-03

CR2E040 (7/03)