

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000014700

1. Entity Name
BUFFALO FORCE CARGO, CORP.



Principal Place of Business
3524 TORREMOLINOS AVE
MIAMI, FL 33178

Mailing Address
3524 TORREMOLINOS AVE
MIAMI, FL 33178

2. Principal Place of Business
14201 SW 29 COURT
Suite, Apt. #, etc.

3. Mailing Address
14201 SW 29 COURT
Suite, Apt. #, etc.

City & State
DAVIE FL

City & State
DAVIE FL

4. FEI Number
65-0812622

Applied For
Not Applicable

Zip
33330

Country
USA

Zip
33330

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEON, MATEO A
14201 SW 29TH CT
DAVIE, FL 33330

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

May 19, 2005

FILE NOW!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME LEON, MATEO A
STREET ADDRESS 14201 SW 29TH CT
CITY-ST-ZIP DAVIE, FL 33330

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other-like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 19, 2005 305 498 9697

Date

Daytime Phone #

FILED

05 MAY 23 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05192005 REIN-P CR2E098 (6/04)

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