FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2010 MAY -7 P 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

700180564927
05/07/10--01037--018 **450.00

DOCUMENT # P92000014700

1. Corporation Name
BUFFALO Force Cargo Corp.

CR2E081 (4/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
14201 SW 29 Ct.	14201 SW 29 Ct.
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: Davie, Fl	City & State: Davie, Fl.
Zip: 33330 Country: USA	Zip: 33330 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 65-0812622 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name: Mateo Leon

Street Address (P.O. Box Number is Not Acceptable): 14201 SW 29 Ct.

Suite, Apt. #, Etc:

City: Davie | State: FL | Zip Code: 33330

PROFIT CORPORATIONS ONLY

X The $600.00 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: X
REGISTERED AGENT MUST SIGN

Date: 5/3/10.

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
PSD	Mateo Leon	14201 SW 29 Ct	Davie, Fl 33330.

REINSTATEMENT
08-10

10. E-mail Address: _____
(To be used for future annual report notification)

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. I further certify, the information indicated on the application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: X
SIGN HERE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 5/3/10.

Daytime Phone #