

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**  
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 AUG 13 AM 10:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P98000026255

**1. Corporation Name**

TRANSCARGO MIAMI, CORPORATION  
8454 NW 70th ST.,  
MIAMI, FLORIDA 33166

**2. Principal Office Address**

8454 NW 70th ST.,

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33166

Country

USA

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

**4. Date Incorporated or Qualified  
To Do Business in Florida**

03/19/1998

**5. FEI Number**

650841041

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

ERIC KOCHMAN

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

8454 NW 70th ST.,

Suite, Apt. #, Etc.

City

MIAMI

REINSTATEMENT

State Zip Code  
FL 33166

78

**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

REGISTERED AGENT MUST SIGN

Date 08-09-01

**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
D	ERIC KOCHMAN	8454 NW 70th ST.,	MIAMI, FLORIDA 33166

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-09-01

Date

305-716-0990

Daytime Phone #

CR2E081 (9/00)