

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000030820

1. Entity Name
FAST CARRIER, INC.



Principal Place of Business
8329 N.W. 66TH ST.
MIAMI, FL 33166 US

Mailing Address
8329 N.W. 66TH ST.
MIAMI, FL 33166 US

APPROVED
AND
FILED

3-20-08 08 MAR 11 AM 6:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #
7054 NW 77 CT
Suite, Apt. #, etc.

3. Mailing Address
7054 NW 77 CT
Suite, Apt. #, etc.

City & State
Miami, FL

City & State
Miami, FL

Zip
33166

Country
U.S.A

Zip
33166

Country
U.S.A

REINSTATEMENT

4. FEI Number
65-0846217

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

INOSTROZA, ROBERTO
8329 N.W. 66TH ST.
MIAMI, FL 33166

7. Name and Address of New Registered Agent

Name
Inostroza, Roberto

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

7054 NW 77 CT

City
Miami

FL

Zip Code
33166

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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
NAME
PVD
INOSTROZA, ROBERTO
STREET ADDRESS
8329 N.W. 66TH ST.
CITY-ST-ZIP
MIAMI, FL 33166 ☐ Delete

TITLE
NAME
STD
INOSTROZA, NANCY
STREET ADDRESS
8329 N.W. 66TH ST.
CITY-ST-ZIP
MIAMI, FL 33166 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
PVD
Inostroza, Roberto
STREET ADDRESS
7054 NW 77 CT
CITY-ST-ZIP
Miami, FL 33166 ☒ Change ☐ Addition

TITLE
NAME
STD
Inostroza, Nancy
STREET ADDRESS
7054 NW 77 CT
CITY-ST-ZIP
Miami, FL 33166 ☒ Change ☐ Addition

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

ROBERTO INOSTROZA