


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 03 AUG -8 AM 9:36 SECRETARY OF STATE TALLAHASSEE, FLORIDA REINSTATEMENT 02-03 900021643349 07/18/03--01041--007 **758.75	
DOCUMENT # <u>98000030999</u>					
1. Corporation Name <u>Pro-Freight Cargo Services Inc.</u>					
Principal Place of Business		Mailing Address			
<u>15343 NW 33 place</u> <u>Opalocka, FL 33054</u>		<u>same</u>			
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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		5. FEI Number <u>65-0829186</u>	
Zip		Zip		Country	
				CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)					
1	2	3	4	5	6
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
<u>ED</u>	<u>Edward Golson</u>	<u>15343 NW 33 place</u>	<u>Opalocka, FL 33054</u>		
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
<u>Edward Golson</u> <u>1115 Richmond Ave N.</u> <u>Lehigh Acres, FL 33972</u>			Name <u>EDWARD GOLSON</u>		
			Street Address (P.O. Box Number is Not Acceptable) <u>1115 Richmond Ave N.</u>		
			Suite, Apt. #, Etc.		
			City <u>Lehigh Acres</u> State <u>FL</u> Zip Code <u>33972</u>		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.					
Signature of Registered Agent <u>[Signature]</u>			Date <u>7-15-03</u>		
REGISTERED AGENT MUST SIGN					
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)					
12. 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: <u>[Signature]</u>			Date <u>7-15-03</u> 305-688-6772		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		