PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 28 AM 11:12

DOCUMENT # P98000063244

REINSTATEMENT 99-00

1. Corporation Name
AGM TRANSPORTATION, INC

2. Principal Office Address	3. Mailing Office Address
16300 NE 19TH AVE	16300 NE 19TH AVE
Suite, Apt. #, etc. 250	Suite, Apt. #, etc. 250
City & State N. MIAMI BEACH, FL	City & State N. MIAMI BEACH, FL
Zip 33162 Country DADE	Zip 33162 Country DADE

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 65-0850659 ☐ 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: INNA SHAPOVALOV

900003245159--4
-05/09/00--01099--024
****700.00 ****700.00

Street Address (P.O. Box Number is Not Acceptable): 16300 NE 19TH AVE, SUITE 250

900003245159--4
-05/09/00--01099--025
****208.75 ****208.75

Suite, Apt. #, Etc.

City: N. MIAMI BEACH State: FL Zip Code: 33162

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: _____ Date: 4/27/00
REGISTERED AGENT MUST SIGN

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	MELIKOV Georgy	2750 NE 183rd St #1703	AVENTURA FL 33160
D	MELIKOV Anait	2750 NE 183rd St #1703	AVENTURA FL 33160

4/28

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: _____ ANAIT MELIKOV 4/27/00 (305) 705-0220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #