

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JAN 28 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 00-10

CR2E041 (11/09)

DOCUMENT # P99000010442

1. Limited Liability Company's Name

CARGO NAVIGATORS, INC
9900 SW 125 Ave
MIAMI FL 33186

2. Principal Office Address - No P.O. Box #

9900 SW 125 Ave

Suite, Apt. #, etc.

3. Mailing Office Address

9900 SW 125 Ave

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33186

Country

USA

Zip

33186

Country

USA

4. State/Country of Formation

FL - USA

2/2/1999

5. Date Organized or Qualified
To Do Business in Florida

2/2/1999

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

SUSAN POLLARD

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

9900 SW 125 Ave

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33186

☒ A \$600 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 \$600
reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 609, F.S.

Signature of
Registered Agent

Susan Pollard

Date 1/15/10

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
P	LLOYD, MAURICE V	22032 SW 95 PL	MIAMI FL 33189

200167462302
01/28/10-01033-003 **150.00

03/06/09 01027 031 \$1508.75

201/29

11. E-mail Address:

(To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 609, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

M Lloyd

Date 1/15/10

Daytime Phone # 305.333.8864

Typed or printed name of signing Managing Member/Manager