

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



02-03  
FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

03 MAR -4 PM 12:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

**1. Corporation Name**

Valu Freight Consolidators, Inc  
P99000035188

**2. Principal Office Address**

1325 NW 21st ST

**3. Mailing Office Address**

1325 NW 21st ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33142

Country

USA

Zip

33142

Country

USA

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

4-15-1999

**5. FEI Number**

65-1091455

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

KATHLEEN M WEBER RASKIN

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

9440 SW 77th

Suite, Apt. #, Etc.

#311

City

MIAMI FL 33152

State  
FL

Zip Code

**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

KATHLEEN M WEBER RASKIN  
REGISTERED AGENT MUST SIGN

Date 2/14/03

**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
PD	BARRY FERGUSON	1325 NW 21st ST	MIAMI FL 33142
STD	Mildred Ferguson	1325 NW 21st ST	MIAMI FL 33142

**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:**

MILDRED FERGUSON  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/2003  
Date

305-326-3346  
Daytime Phone #

CR2E081 (10/02)