

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 NOV 13 PM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PA9000049648

1. Corporation Name

National Warehouse Services
13876 SW 56th Suite 132
Miami, FL 33175

REINSTATEMENT 01-03

300024641933

11/13/03--01051--019 **1050.00

2. Principal Office Address

13876 SW 56th

3. Mailing Office Address

13876 SW 56th

Suite, Apt. #, etc.

132

Suite, Apt. #, etc.

132

City & State

Miami, FL

City & State

Miami, FL

Zip

33175

Country

USA

Zip

33175

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1999

5. FEI Number

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

Luis M. Fernandez

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

10631 West Okeechobee Rd.

Suite, Apt. #, Etc.

City

Hialeah Gardens

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 807.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

Date 11/05/03

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
VP	Luis Fernandez	13876 SW 56th Suite 132	Miami, FL 33175
P	Idalberto Gonzalez	13876 SW 56th Suite 132	Miami, FL 33175

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/5/03

Daytime Phone #

805
512-4954

CR2001 (1/002)