PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

Mailing Address

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

DIVISION OF CORPORATIONS

DOCUMENT # **P99000070883**

1. Corporation Name

Principal Place of Business

SIGNATURE:

COMPUTER CARGO LOGISTICS, INC.



FILED'

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SECRETARÝ OF STATE TALLAHASSEE, FLORIDA



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10660 N. W 37 ICREACE 1152		N University De		1 10311001 111	i idirik eleti dikiti dalite bibrit aniti id	met milisis imini anama atta tanat	
Miami, FL 33/78 STE 20 If above addresses are incorrect in any way, line through incorrect in			2 Pur s. 220211				
If above a	ddresses are incorrect in any way, line thro	iformation and enter correction below.					
2. New Pri	ncipal Office Address, If Applicable	ng Office Address, If Applicable			orated or Qualified		
			N. UNIVERSITY DR		To Do Business in Florida 08/10/1999		
Suite, Apt. #, etc. Suite, Apt. #,					5. FEI Number	65-09457	OO Applied For
City & State City & State			O		1	APPLIED FOR	Not Applicable
MIGMI, FC PEMBI			oke YINES, FC 6.		6.	CO	
Zip 33/7	8 Country	3302	Cour	ntry '	CERTIFICATE		.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)							
Name of Officers Street Address of Each							
Title(s) 1	s) 2 and/or Directors		Officer and/or Director			City / S	State / Zip
D	HARRY, JUAN-C		2 801 SOUTH BAYSHORE DR. SUITE 16		MI AMI FL 33133		
DIPS MONICA PALACIO			10660 N.W 37 TERRAGE			Hiomi, t	FC 33178
			<u> </u>				
				400004767 -01/11/02			9242 1002018
	100 mg 10				- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	****150.00	****150.00
8. Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent		
Name					- C/L-> a k		
AZ REGISTERED AGENT CORPORATION							
2601 SOUTH BAYSHORE DR. SUITE 1600				Street Address (P.O. Box Number is Not Acceptable)			
MIAMI (FL 33133		Suite, Apt. #, Etc.				
				202			
				8 1 R - 3 4	10 P. 11=	is. A Stat	1
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.							
Signature of ATURE REQUIRED Part (2)							
Hegistered Agent Date: 1977							
REGISTERED AGENT MUST SIGN							
11. 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 filling							
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							