

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

APPLICATION
FOR



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

FILED
SECRETARY OF STATE
DIVISION OF STATE

00 NOV 17 PM 4:36

DOCUMENT # P99000084290

1. Corporation Name

BORINQUEN (BQN) CARGO RESPONSE, INC.

Principal Place of Business

3102 PELL MELL DR.
ORLANDO FL 32818

Mailing Address

3102 PELL MELL DR.
ORLANDO FL 32818



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

09/20/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

5936369.03

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
President	LOUIS ALICEA	3102 PELL MELL DR.	ORLANDO FL 32818

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ALICEA, LOUIS

3102 PELL MELL DR.
ORLANDO FL 32818

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-16-00

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 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-16-00

Date

407-289-2534

Daytime Phone #

2 of 2

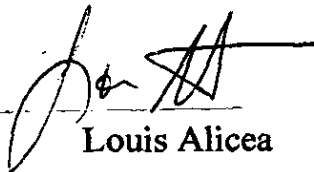
October 16, 2000

Louis Alicea
3102 Pell Mell Dr.
Orlando, FL 32818

Dear Sir or Madam:

As per my conversation with Andy on October 16, 2000 I was made aware that my annual report had not been received. I was informed to sign the enclosed paper work and include a letter with it. The annual business report was sent on July 24th and I don't understand why it never made it to your office. If any further questions should arise please feel free to contact me at (407) 299-2534 or (407) 493-0590.

Sincerely,



Louis Alicea