

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *SO-1166*

1. Corporation Name

MIAMI FREIGHT & SHIPPING CO.

Principal Place of Business

Mailing Address

8575 N. W. 79 AVENUE
BAY 2 & 3
MIAMI, FLORIDA 33166

8575 N. W. 79 AVENUE
BAY 2 & 3
MIAMI, FLORIDA 33166

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business In Florida

09/28/90

5. FEI Number

65-0249744

Applied For

Not Applicable

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	JOHNSTON, CHARLES	9710 S. W. 77 STREET	MIAMI, FLORIDA 33173
EXV	JOHNSTON, EDWARD	75 B GOLDHURST TERRACE	LONDON, ENGLAND
D	JOHNSTON, AARON	6527 S. W. 116 PLACE	MIAMI, FLORIDA 33173
D	JOHNSTON, DAVID	2 1/2 WINDWARD ROAD	KINGSTON 16, JAMAICA
D	OSBORNE, HUGH	420 N. E. 158 STREET	N.M.B., FLORIDA 33162
S	CHIN, LAURICE	8575 N. W. 79 AVENUE	MIAMI, FLORIDA 33166

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STINSON, LOUIS, Jr.
4675 PONCE DELEON BOULEVARD
SUITE 305
CORAL GABLES, FLORIDA 33146

Name

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

Suite, Apt. #, Etc.

City

3000002300869-2

09/23/97-01046-0014

***1080.000 ***1080.00

FL

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

REGISTERED AGENT MUST SIGN

Date

9.8.97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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

HUGH OSBORNE/DIRECTOR

Date

Daytime Phone #

9.8.97

(305) 885-0558

CR2E040 (12/96)