PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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DOCUMENT # S06546

1. Corporation Name

LAND HAWKS INTERMODAL SERVICES, INC.

REINSTATEMENT OD

2. Principal Office Address	3. Mailing Office Address
7570 NW 14th Street	7570 NW 14th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33126 Country: US	Zip: 33126 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 10/15/1990

5. FEI Number: 65-0228876 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: ~~CSC Tallahassee~~ Jose A. Hermida

Street Address (P.O. Box Number is Not Acceptable): ~~1201 Hays Street~~ 5601 NW 72d Avenue

Suite, Apt. #, Etc.:

City: Miami ~~Tallahassee~~ State: FL Zip Code: 33166 ~~32301~~

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: Jose A. Hermida Date: November 27, 2000
REGISTERED AGENT MUST SIGN

CR2E061 (6/98)

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
DPS	Hermida, Jose A.	5601 NW 72d Avenue	Miami, FL 33166

$87.12/18

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: Jose A. Hermida, Pres. November 27, 2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #