

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 AUG -4 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S54771

1. Corporation Name

GINE-PRIS FREIGHTWAYS, INC.

2. Principal Office Address

12901 NW 113 COURT

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33178

Country

USA

3. Mailing Office Address

12901 NW 113 COURT

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33178

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

05/23/1991

5. FEI Number

650274156

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

TAILLADE, KARINA

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

12901 NW 113 COURT

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33178

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

Date 08/03/2004

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
PSD	TAILLADE, KARINA	12901 NW 113 COURT	MIAMI, FL 33178

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:

KARINA TAILLADE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/03/2004 305-887-5353

Date

Daytime Phone #

CR2001 (01/04)