

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR **REINSTATEMENT**

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

APPROVED
AND
FILED

1998 APR -1 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **574552**
1. Corporation Name **ANTILLAS AIR FREIGHT, INC.**

Principal Place of Business
**48 East Flagler Street
Penthouse 104
Miami, Florida 33131
USA**

Mailing Address
**48 East Flagler Street
Penthouse 104
Miami, Florida 33131
USA**

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

2. New Principal Office Address, If Applicable
**1601 N.W. 72nd Avenue
Suite, Apt. #, etc.
Cargo Building 36
City & State
Miami, Florida
Zip
33122 Country
USA**

3. New Mailing Office Address, If Applicable
**JFK International Airport
Suite, Apt. #, etc.
Cargo Building No. 68
City & State
Jamaica, New York
Zip
11430 Country
USA**

4. Date Incorporated or Qualified To Do Business in Florida
08/20/91

5. FEI Number
65-0291985

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	Gorospe, Constantino M.	6 Lorraine Court	Medford, New York 11763
			100002477141-1 -04/02/98--01082--018 ***1050.00 ***1050.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

**Evan R. Marbin, Esq.
48 East Flagler Street
Penthouse 104
Miami, Florida 33131**

9. Name and Address of New Registered Agent

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]

REGISTERED AGENT MUST SIGN

Date **3/31/98**

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CONSTANTINO M. GOROSPE, Director

3/31/98
Date

Daytime Phone #

**(718)
917-6855**

CR2E040 (12/96)