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
96 DEC 10 PM 4:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S79947**

1 Corporation Name

NEW PORT AIR CARGO CORPORATION

Principal Place of Business	Mailing Address
~~6931 NW 87 AVENUE~~ 8093 NW 87 Street MIAMI FL 33166 US	~~6931 NW 87TH CT~~ 6931 NW 87TH AVENUE MIAMI FL 33166 US

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
8093 NW 87th Street	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami FL	City & State
Zip: 33166 Country: USA	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 09/12/1991

5. FEI Number: 65-0287354 ☐ 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
D	PICCOLI, JANETE	38 SW 135TH AVE	MIAMI FL
D	LOUREIRO, CARLOS	10244 SW 130 CT	MIAMI FL

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-12711/96--01023--016
****383.75 ****383.75

REINSTATEMENT 1996

12/10/96

8. Name and Address of Current Registered Agent

~~SANTOS, MAURO C ESQ.~~
~~25 SE 2ND AVE, STE 740~~
~~MIAMI FL 33131~~
ROSS TRAGER CPA
1000 N. HIATUS RD.
PEMBROKE PINES, FL

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

CR2E040 (7/96)

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] Date: 12/10/96

REGISTERED AGENT MUST SIGN

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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