PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE · APPLICATION (Sandra B. Mortham FORCE Secretary of State. FILED REINSTATEMENT **DIVISION OF CORPORATIONS** V19752 **DOCUMENT#** 99 FEB -8 AM 10: 50 1. Corporation Name SECRETARY OF STATE TALLAHASSEE, FLORIDA AEROPRONTO USA CARGO SERVICE, CORP. Mailing Address Principal Place of Business 226 NW 66TH ST. 9225 NW 66TH ST MIAM! FL 33166 MIAMI FL 33166 US US If above addresses are incorrect in any way, line through incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable 8272 NW 66 st 2. New Principal Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 8272 NW 66 st. Sulte, Apl. #, etc. 03/09/1992 Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State 65-0317848 Not Applicable <u>Miami</u> Miami, Florida \$8.75 Additional Fee required for a Certificate of Status Country USA CERTIFICATE OF STATUS DESIRED 33166 33166 USA 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) City / State / Zip Title(s) D DIAZ, PERSIO D. 6150 W. 24TH CT. #108 --HIALEAH FL-931 Stanton Drive Weston, Florida 33326 700002777317---8 -02/16/99--01088--008 *****908.75 ****908.75 8. Name and Address of Current Registered Agent 9. Name and Address of New Regis Diaz, Persio D. DIAZ, PERSIO D. Street Address (P.O. Box Number is Not Acceptable) 6150 W. 24TH COURT 931 Stanton Drive Suite, Apt. #, Etc. #108 HIALEAH FL 33016 City Zip Code State Weston 33326 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 Date 11. This corporation owes or has paid the current year (See other side for information on intangible tax.) Intangible Personal Property tax due June 30. Yes L No l 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 filling 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. 1/10/99 477-0156