PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION **FOR** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCL	JMENT	#\	1221	L	nl	7

FILED

97 MAR 20 AM 10: 05 V() \(\O \\V^*\) 1 Corporation Name UNITED CARGO SYSTEMS INC SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1650 NW 94th AVENUE P.O. BOX 522632 MIAMI, FL 33172 MIAMI, FL 33152 **NSTATEMENT** 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 Date Incorporated or Qualified To Do Business in Florida April 10,1992 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For 65-0325833 City & State City & State Not Applicable \$8.75 Additional Fee required Country Country 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) Name of Officers Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Title(s) City / State / Zip and/or Directors CHARO LATORRE P 6510 LAKE BLUE DR MIAMI, FL 33014 sLUIS A. RUIZ 7204 FAIRWAY DR 126 MIAMI LAKES, FL 33014 -03/21/97--01106--002 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name LUIS A. RUIZ-7204.FAIRWAY DR 126 Suite, Apt. #. Etc. MIAMI, FL 33014 State | Zip Code City tion, am familiar with and accept the obligations of Section 607.0505, F.S. 10. I, being appointed the registered agent of the above named corpora-Signature of Registered Agent Date ___02/28/97 ST SIGN 11. Does this corporation pay any intangible tax to the (See other side for information on intangible tax.) Dept. of Revenue under S. 199.032, Florida Statutes. 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:

02/28/97 (305)477-5221