

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


SECRETARY OF STATE
DIVISION OF CORPORATIONS

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10/25/02--01121--005 **158.75

2002 UBR

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000005784

1. Corporation Name

NAVICARGO, INC.

2. Principal Office Address

8860 NW 102nd ST

Suite, Apt. #, etc.

3. Mailing Office Address

8860 NW 102nd ST

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33178

Country

U.S.

Zip

33178

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

01/18/96

5. FEI Number

650652367

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

Neil B. Mooney

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

524 E. College Avenue

Suite, Apt. #, Etc.

Suite 1

City

Tallahassee

State

FL

Zip Code

32301

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

REGISTERED AGENT MUST SIGN

Date 10/9/02

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
PD	Orlando Yanez	8325 NW 53rd ST Suite 102	Miami, FL 33166

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/9/02

Date

(850)8930670

Daytime Phone #

CR2E081 (9/01)