

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 16 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000086647

1. Corporation Name

COUNTRY CLUB LOGISTICS INC.

Principal Place of Business

Mailing Address

4259 BVERLY AVE
JACKSONVILLE FL 32210

4259 BVERLY AVE
JACKSONVILLE FL 32210

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

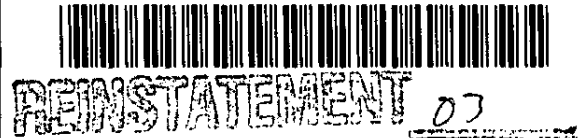
City & State

Zip

Country

Zip

Country



4. Date Incorporated or Qualified To Do Business in Florida		08/30/2001
5. FEI Number	59-3710840	Applied For
		Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$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	4 City / State / Zip
PD	WICKHAM, ROBERT L	4259 BVERLY AVE	JACKSONVILLE FL 32210
SD	WICKHAM, MIRIAM B	4259 BVERLY AVE	JACKSONVILLE FL 32210
T	WICKHAM, RONALD E	4428 PACKARD DR.	JACKSONVILLE FL 32216

400023862544
10/16/03--01084--014 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WICKHAM, ROBERT L 4259 BEVERLY AVE. JACKSONVILLE FL 32210	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	Suite, Apt. #, Etc.	
	City	State FL

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. or 617.0505, F.S.

Signature of Registered Agent: Robert L. Wickham Date: 10/14/03
REGISTERED AGENT MUST SIGN

11. 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: Robert L. Wickham Date: 10-14-03 Daytime Phone #: 904-759-9628
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (7/03)

10/14/03

DEPT of STATE official.

I am sending in this 150.00 fee
for re-instatement, for I did not
receive the Renewal form for 2003.

I hope that you can re-instate
my Corp, as it was

Sincerely; Pres.

Robert L. Wickham

Robert L. Wickham