


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAR -5 PM 4:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000088261**

1. Corporation Name
TML Logistics Inc.

REINSTATEMENT **03-04**

2. Principal Office Address 150 W. State Rd. Skt. Suite, Apt. #, etc.		3. Mailing Office Address P.O. Box 1477 Suite, Apt. #, etc.	
City & State LK. Hamilton FL		City & State Palmdale City, FL	
Zip 33851	Country PALM	Zip 33845	Country PALM

800028741988
02/13/04--01042--028 **750.00

4. Date Incorporated or Qualified To Do Business in Florida **8-15-02**

5. FEJ Number **82-0559801** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$0.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name **Patthy Pearce** 800028741988

Street Address (P.O. Box Number is Not Acceptable) **150 W. State Rd. 546** 03/05/04--01005--003 **150.75

Suite, Apt. #, Etc.

City **LK. Hamilton** State **FL** Zip Code **33851**

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.

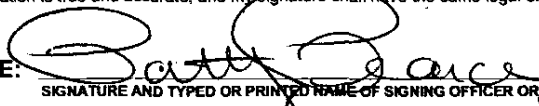
Signature of Registered Agent _____ Date _____

REGISTERED AGENT MUST SIGN

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
P	Kevin Pearce	6616 Good Springs Rd.	Brentwood, TN 37027
V	Kimberly Mollen	56 Skidmore Rd.	Winter Haven, FL 33884
S/T	Patthy Pearce	213 Ruby Lake Lane	Winter Haven, FL 33884

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:  **Patthy Pearce** 2-5-04 863-439-7691

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

CR2E081 (10/02)