

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 NOV -6 PM 2:15

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P02000115264**

1. Corporation Name

F.A.K. LOGISTICS, INC.

Principal Place of Business

Mailing Address

~~2923 WYCOMBEE DRIVE WEST~~
 JACKSONVILLE FL 32277

~~2923 WYCOMBEE DRIVE WEST~~
 JACKSONVILLE FL 32277



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

~~3401 Townsend Blvd~~

Suite, Apt. #, etc.
301

City & State
Jacksonville FL

Zip
32277

Country
Duval USA

3. New Mailing Office Address, If Applicable

~~3401 Townsend Blvd~~

Suite, Apt. #, etc.
301

City & State
Jacksonville FL

Zip
32277

Country
Duval USA

4. Date Incorporated or Qualified To Do Business in Florida

10/24/2002

5. FEI Number

56-2302683

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$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
D	HUSTON, JEFFREY B	2923 WYCOMBEE DRIVE WEST ^{ste} 3401 Townsend Blvd ³⁰¹	JACKSONVILLE FL 32277
D	HUSTON, JO S	2923 WYCOMBEE DRIVE WEST ^{ste} 3401 Townsend Blvd ³⁰¹	JACKSONVILLE FL 32277

500024488555
 11/06/03--01048--019 **150.00

8. Name and Address of Current Registered Agent

ALTERMAN, LEONARD
 9116 CYPRESS GREEN DR #207
 JACKSONVILLE FL 32256

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

SIGNATURE

Date

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:

SIGNATURE

Jo Snuggs Huston Treasurer

964 608 9768

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-30-03

CR2E040 (7/03)

F. A. K.

LOGISTICS INC
3401 TOWNSEND BLVD SUITE 301
JACKSONVILLE, FL 32277
(904) 608-9768

10-30-03

Florida Dept of State
Glenda E. Hood
Secretary of State
Division of Corporations

To Whom It may Concern:

Enclosed please find a check for \$150.00 for the annual report. Due to our having not received any previous notice for this earlier this year, our company is now sending this application. We have moved, please note the change of address. Thank you for your assistance in this matter and hopefully we will not have this same problem in the future.

Sincerely,
Jo Snuggs Huston
Treasurer
F.A.K. Logistics, Inc