


# 2009 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P05000044770</b> 1. Entity Name LOGISTIC STAFFING, INC.	
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FILED  
 09 AUG 27 PM 2: 54  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business 500 WEST CYPRESS CREEK ROAD SUITE 120 FORT LAUDERDALE, FL 33309	Mailing Address 500 WEST CYPRESS CREEK ROAD SUITE 120 FORT LAUDERDALE, FL 33309
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2. Principal Place of Business - No P.O. Box # <b>7108 BERACASA WAY</b> Suite, Apt. #, etc	3. Mailing Address <b>7108 BERACASA WAY</b> Suite, Apt. #, etc
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REINSTATEMENT 08-09

City & State <b>BOCA RATON, FL</b>	City & State <b>BOCA RATON, FL</b>
Zip <b>33433</b>	Zip <b>33433</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>20-2577773</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

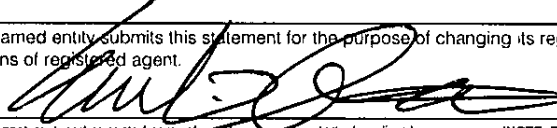
**6. Name and Address of Current Registered Agent**

ANDERS, ERIC W  
 500 WEST CYPRESS CREEK ROAD  
 SUITE 120  
 FORT LAUDERDALE, FL 33309

**7. Name and Address of New Registered Agent**

Name **ERIC W. ANDERS**  
 Street Address (P.O. Box Number is Not Acceptable)  
**7108 BERACASA WAY**  
 City **BOCA RATON** FL **33433**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  **ERIC W. ANDERS** DATE: **08/25/09**

(NOTE: Registered Agent signature required when reinstating)

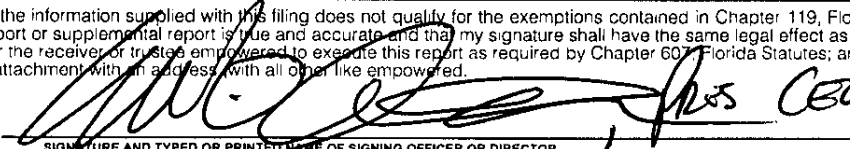
**FILE NOW!!! FEE IS \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO ANDERS, ERIC W 500 WEST CYPRESS CREEK ROAD, SUITE 120 FORT LAUDERDALE, FL 33309 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO ERIC W. ANDERS 7108 BERACASA WAY BOCA RATON, FL 33433 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	500159985405 08/27/09--01003--016 **300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  **Eric W. Anders CEO** Date: **08/25/09** Daytime Phone #: **561 392 8292**

(NOTE: Signature and typed or printed name of signing officer or director)