

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 APR 16 PM 2:35

DOCUMENT # P06000059155

1. Corporation Name

FREIGHTWAY LOGISTICS, INC.

500124311495  
04/18/08--01008--024 \*\*1050.00

CR2E081 (12/07)

2. Principal Office Address - No P.O. Box # 69 NW 104 STREET Suite, Apt. #, etc.		3. Mailing Office Address 69 NW 104 STREET Suite, Apt. #, etc.	
City & State MIAMI SHORES, FL		City & State MIAMI SHORES, FL	
Zip 33150	Country	Zip 33150	Country

4. Date Incorporated or Qualified To Do Business in Florida	04-26-06
5. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED	<input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
PABLO CONTRISCIANI

Street Address (P.O. Box Number is Not Acceptable)  
69 NW 104 STREET

Suite, Apt. #, Etc.

City MIAMI SHORES	State FL	Zip Code
----------------------	-------------	----------

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 Pablo Contrisciani 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/D	PABLO CONTRISCIANI	69 NW 104 STREET	MIAMI SHORES, FL 33150

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 contained in Chapter 119, 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: Pablo Contrisciani SIGNATURE AND TYPED OR-PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

B 4/16/08  
REINSTATEMENT 07-08