PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 DEC 14 PM 2:26

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DOCUMENT #

1. Corporation Name
JBD Logistics Inc

P06000156316

REINSTATEMENT 2009

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
7700 Hood Street	7700 Hood Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hollywood FL	City & State: Hollywood FL
Zip: 33024 County:	Zip: 33024 County:

4. Date Incorporated or Qualified To Do Business In Florida: 12/22/2006

5. FEI Number: 20817748S — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Betty L. Lootens

Street Address (P.O. Box Number is Not Acceptable): 7700 Hood Street

Suite, Apt. #, Etc.

City: Hollywood State: FL Zip Code: 33024

X 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 607.0501 or 617.0503, F.S.

Signature of Registered Agent: Betty L. Lootens — Date: 12/11/2009

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
PST	Betty L. Lootens	7700 Hood Street	Hollywood FL 33024

10. E-mail Address: acetransporting@bellsouth.net

(To be used for future annual report notification)

11. I certify that I am an officer or director of the corporation 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. I further certify that 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: Betty L. Lootens — 12/11/2009

SIGNATURE AND TITLE OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #