

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

10 FEB 12 AM 9:02

DOCUMENT # P07000024639

1. Corporation Name  
LOKEYSA LOGISTICS

2. Principal Office Address - No P.O. Box # <u>11474 WESTON COURSE</u> Suite, Apt. #, etc. <u>LOOP</u> City & State <u>RIVERVIEW, FL</u> Zip <u>33579</u> Country <u>HILLSBOROUGH</u>		3. Mailing Office Address <u>11474 WESTON COURSE LOOP</u> Suite, Apt. #, etc. <u>RIVERVIEW</u> City & State <u>FL</u> Zip <u>33579</u> Country <u>HILLSBOROUGH</u>	
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000168592170  
02/12/10--01005--017 \*\*450.00  
**REINSTATEMENT** (09) 08-10 *KS*

4. Date Incorporated or Qualified To Do Business in Florida 2-22-07

5. FEI Number 20-8600969 Applied For  Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name KEYNER SANCHEZ

Street Address (P.O. Box Number is Not Acceptable)  
11474 WESTON COURSE LOOP

Suite, Apt. #, Etc.  
RIVERVIEW

City RIVERVIEW State FL Zip Code 33579

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 Keyner Sanchez Date 2-10-10  
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
<u>P</u>	<u>KEYNER SANCHEZ</u>	<u>11474 WESTON COURSE LOOP RIVERVIEW, FL</u>	<u>FL, 33579</u>
<u>S</u>	<u>CRISTINA SANCHEZ</u>	<u>11474 WESTON COURSE LOOP</u>	<u>RIVERVIEW, FL, 33579</u>

10. E-mail Address: KEYNER.HOMES@HOTMAIL.COM  
(To be used for future annual report notification)

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. I further certify, 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: Keyner Sanchez SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date \_\_\_\_\_ Daytime Phone # 813-453-0367