# 2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
08 OCT 23 AM 9:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000049066

1. Entity Name
ADB LOGISTICS INC

09/10/08 90002 018 $150.00

REINSTATEMENT 08

| Principal Place of Business | Mailing Address |
|---|---|
| ~~3221 WILLIAM AVE.~~<br>~~MIAMI, FL 33133~~ | ~~3221 WILLIAM AVE.~~<br>~~MIAMI, FL 33133~~ |

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| ~~ADB Logistics, Inc~~ | 401 Jackson Circle |
| Suite, Apt. #, etc.<br>401 Jackson Circle | Suite, Apt. #, etc.<br>401 Jackson Circle |
| City & State<br>Midland City AL | City & State<br>Midland City, AL |
| Zip 36350 Country USA | Zip 36350 Country USA |

4. FEI Number 61-1525053 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| ~~BURNEY, ARLINGTON~~<br>~~3221 WILLIAM AVE.~~<br>~~MIAMI, FL 33133~~ | Name: Lawrence Peterson<br>Street Address (P.O. Box Number is Not Acceptable): 7630 N.W. 14~~th~~ AVE<br>City: Miami FL Zip Code: 33147 |

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: Lawrence Peterson X 10-21-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS $150.00**
**After January 1, 2009, Fee will be $300.00**

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

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BURNEY, ARLINGTON<br>3221 WILLIAM AVE.<br>MIAMI, FL 33133 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BURNEY, ANTHOKEYA<br>3221 WILLIAM AVE.<br>MIAMI, FL 33133 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>GLENN, SHEBA<br>1800 NW 81 ST.<br>MIAMI, FL 33147 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>GLENN, SHEQUERA<br>1800 NW 81 ST.<br>MIAMI, FL 33147 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VT<br>PETERSON, LAWRENCE<br>7630 N.W. 14TH AVE<br>MIAMI, FL 33147 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ 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:** Lawrence Peterson Lawrence Peterson V-Treasurer 10-21-08 305691-3279
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JC 10/24