PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 DEC 28 PM 3:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P090000 84326

1. Corporation Name
NORTHWESTEAN REFRIGERATED TRANSPORTATION INC

100189069571
12728/10--01020--013 **750.00

REINSTATEMENT ID

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1004 W. 27th St	9378 Arlington Expressway
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 399
City & State Jacksonville, Florida	City & State Jacksonville, Florida
Zip 32209 Country United States	Zip 32225 Country United States

4. Date Incorporated or Qualified To Do Business in Florida 10/9/09

5. FEI Number 27-1108746 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Paul Hodge

Street Address (P.O. Box Number is Not Acceptable): 1004 W. 27th St

Suite, Apt. #, Etc.:

City: Jacksonville | State: FL | Zip Code: 32209

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: Paul Hodge Date: 12/20/10
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Paul Hodge	1004 W. 27th St	Jacksonville, FL 32209

10. E-mail Address: NW.Transportation@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: Paul Hodge 12/20/10 904-355-7251
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

12/29 EW