


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM
 FILED IN THIS FORM DATE TALLAHASSEE, FLORIDA

04 JUN 15 PM 4:39

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **997000028278**

1. Corporation Name
 ATC LOGISTICS CORPORATION

2. Principal Office Address 2908 CHILDS STREET Suite, Apt. #, etc.		3. Mailing Office Address <i>Same</i> Suite, Apt. #, etc.	
City & State BALTIMORE, MARYLAND		City & State	
Zip 21226	Country USA	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida
 MARCH 25, 1997

5. FEI Number
 59-3442125

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

7. Name and Address of Current Registered Agent

Name
 CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)
 1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City
 PLANTATION

State
 FL

Zip Code
 33324

200038046462
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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 Connie Bryan *Special Asst Secretary* Date 6/15/04
 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
PR/CFO	ROBERT J. ADAMS, JR.	2908 CHILDS STREET	BALTIMORE, MD 21226
STY/TR	MIKE FORLENZA	2908 CHILDS STREET	BALTIMORE, MD 21226
DIR	JAMES A. McNAIR	2908 CHILDS STREET	BALTIMORE, MD 21226
DIR	DOUGLAS H. BAGIN	2908 CHILDS STREET	BALTIMORE, MD 21226

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 under section 119.07(3)(i), 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: Robert J. Adams, Jr. Date 6/7/04 Daytime Phone # 404 9956917
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (10/02)