


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 OCT - 11 PM 5:00

**CORPORATION REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Katharine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** P97000087836

**1. Corporation Name**  
Momentum Logistics, Inc.

<b>2. Principal Office Address</b> 8923 Western Way		<b>3. Mailing Office Address</b> 8923 Western Way	
Suite, Apt. #, etc. Suite 22		Suite, Apt. #, etc. Suite 22	
City & State Jacksonville, Florida		City & State Jacksonville, Florida	
Zip 32256	Country USA	Zip 32256	Country USA

**REINSTATEMENT** 01

**4. Date Incorporated or Qualified To Do Business in Florida** 10/10/97

<b>5. FEI Number</b> 59-3472488	<b>Applied For</b> Not Applicable
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**6. CERTIFICATE OF STATUS DESIRED**  to be used only if the corporation is currently in good standing in Florida

**7. Name and Address of Current Registered Agent**

Name  
Douglas G. Stanford


Street Address (P.O. Box Number is Not Acceptable)  
50 N. Laura Street

Suite, Apt. #, Etc.  
Suite 2800

City  
Jacksonville

State <b>FL</b>	Zip Code 32202
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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 807.0605 or 817.0603, F.S.**


Signature of Registered Agent  **REGISTERED AGENT MUST SIGN** Date October 11, 2001

**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
DTS	Davis, T. Wayne	8923 Western Way, Ste. 22	Jacksonville, FL 32256
DP	Saffell, Paul K.	8923 Western Way, Ste. 22	Jacksonville, FL 32256

**AD**

**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 807 or 817, 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 807.0401 or 817.0401, 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)(f), P.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:**  Paul K. Saffell 10/11/01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR02001 (9/00)

**Florida Department of State  
Division of Corporations  
Public Access System  
Katherine Harris, Secretary of State**

**Electronic Filing Cover Sheet**

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**CORPORATION REINSTATEMENT**

**MOMENTUM LOGISTICS, INC.**

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