

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *Page 1 of 2*

APPLICATION FOR



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

00 NOV -3 AM 9:26
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P98000057857**

1. Corporation Name
XL LOGISTIX, INC.

Principal Place of Business	Mailing Address
2269 S. UNIVERSITY DR. #333 FORT LAUDERDALE FL 33324	2269 S. UNIVERSITY DR. #333 FORT LAUDERDALE FL 33324



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida	06/29/1998
5. FEI Number	65-0847601
<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	SCHUKNECHT, GREGORY E	5336 SW HANCOCK RD.	FORT LAUDERDALE FL 33330
P	SCHOENING, DENNIS	2269 S. UNIVERSITY DR. #333 <i>No Longer in Corp</i>	FORT LAUDERDALE FL 33324
			400003485604--3 -12/05/00--01013--005 ****150.00 ****150.00
			<i>DUPLICATE 78</i>

8. Name and Address of Current Registered Agent

SCHOENING, DENNIS
 2269 S. UNIVERSITY DR. #333
 FORT LAUDERDALE FL 33324

9. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 Suite, Apt. #, Etc. _____
 City _____ State **FL** Zip Code _____

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *[Signature]* Date *10-15-00*
 REGISTERED AGENT MUST SIGN

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 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: *[Signature]* Date *10-15-00* Daytime Phone # *954-965-9350*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/00)

To Whom it may concern,

Please except my \$150.00 Payment,

I am sure you have heard this before
but my company has been under some
financial stress as well as loosing
my employee that handles these matters,
I will be sure to be on time next year.
Thank you in advance for your consideration.

Greg Sh

President

954-965-9350