

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
11 FEB 16 PM 12:14
CLERK OF COURT
JAN 2011

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F01000001584

1. Corporation Name

NEW BREED LOGISTICS, INC.

2. Principal Office Address - No P.O. Box #
4043 PIEDMONT PARKWAY

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

High Point, NC

City & State

Zip

27265

Country

USA

Zip

Country

800194475748
02/16/11--01017--012 **750.00

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida 3/23/2001

5. FEI Number
562237457

☐ Applied For
☐ Not Applicable

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

800194475748
02/18/11--01021--016 **1350.00

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.

DALE W MORRIS

Signature of
Registered Agent

Dale W. Morris

ASSISTANT VICE PRESIDENT

Date 2/14/2011

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
CEO	Louis DeJoy	4043 PIEDMONT PARKWAY	HIGH POINT NC 27265
S	Dennis Hunt	4043 PIEDMONT PARKWAY	HIGH POINT NC 27265
REINSTATEMENT			
D	Louis DeJoy 2002-11	4043 PIEDMONT PARKWAY	HIGH POINT NC 27265
D	Patrick Hackett	466 LEXINGTON AVENUE	NEW YORK, NY 10017
D	Alex Berzofsky	466 LEXINGTON AVENUE	NEW YORK, NY 10017

10. E-mail Address: mcoale@newbreed.com

(To be used for future annual report notification)

S. HAWKES

11. I certify that I am an officer or director of the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that in 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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.819.03, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #