

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDACORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F02000005442

1. Corporation Name

APX Logistics, Inc.

2. Principal Office Address

9939 Norwalk Boulevard

Suite, Apt. #, etc.

City & State

Santa Fe Springs, CA

Zip

90670

Country

US

3. Mailing Office Address

9939 Norwalk Boulevard

Suite, Apt. #, etc.

City & State

Santa Fe Springs, CA

Zip

90670

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

10/30/2002

5. FEI Number

95-4629208

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED []

\$9.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

NRAI Services, Inc.

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

526 E. Park Avenue

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0506 or 817.0503, F.S.

Signature of
Registered Agent

Jessica Loppin, Asst. Secretary Date 8/3/04

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 2 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Bradley S. Garberich	9939 Norwalk Boulevard	Santa Fe Springs, CA 90670
Treas	James Elliott	9939 Norwalk Boulevard	Santa Fe Springs, CA 90670
Sec.	James Elliott	9939 Norwalk Boulevard	Santa Fe Springs, CA 90670
Dir.	Bradley S. Garberich	9939 Norwalk Boulevard	Santa Fe Springs, CA 90670
Dir.	Michael Cohen	9939 Norwalk Boulevard	Santa Fe Springs, CA 90670
Dir.	Michael F. Gilligan	9939 Norwalk Boulevard	Santa Fe Springs, CA 90670

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)(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:

Bradley S. Garberich
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR7/26/04
Date(562) 906-6300
Daytime Phone #

04 AUG 13 PM 4:24

Florida Department of State
Division of Corporations
Public Access System

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Division of Corporations
Fax Number : (850) 205-0384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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Fax Number : (850) 222-9428

CORPORATION REINSTATEMENT

APX LOGISTICS, INC.

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$900.00

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Corporate Filing

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