

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 AUG 29 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94000004296**

1. Corporation Name

Innovative Logistics Techniques, Incorporated

2. Principal Office Address

2010 Corporate Ridge

Suite, Apt. #, etc.

9th Floor

City & State

McLean, VA

Zip

22102

Country

USA

3. Mailing Office Address

2010 Corporate Ridge

Suite, Apt. #, etc.

9th Floor

City & State

McLean, VA

Zip

22102

Country

USA

REINSTATEMENT

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

March 30, 1989

5. EEI Number

541502670

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

Mr. Thaddeus Hammond

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

12021 Shooting Star Court

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32246

000079510640

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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

Thaddeus Hammond

Date

8/22/06

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
PC	Verle B. Hammond	2010 Corporate Ridge	McLean, VA 22102
TS	Eleanor D. Hammond	2010 Corporate Ridge	McLean, VA 22102
DV	Pamela R. Holmes	2010 Corporate Ridge	McLean, VA 22102
DV	Veronne Williams	2010 Corporate Ridge	McLean, VA 22102

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pamela R. Holmes

Pamela R. Holmes

Date

8/22/06 703-506-1555

Daytime Phone #

K. Eckel AUG 29 2006