

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 DEC -3 PM 1:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F97000005080**

1. Corporation Name

**LESAINT LOGISTICS TRANSPORTATION, INC.**

Principal Place of Business

2702 DIRECTORS ROW  
ORLANDO FL 32809

Mailing Address

4487 LESAIN COURT  
FAIRFIELD OH 45014  
US



REINSTATEMENT *02*

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

4. Date Incorporated or Qualified  
To Do Business in Florida

09/29/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

31-1013129

Applied For

Not Applicable

City & State

City & State

95 S. ROUTE 83  
GRAYSLAKE, IL

Zip

Country

Zip

Country

60030

US

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
<del>PD</del>	<del>KRONE, MARK U</del>	<del>4487 LESAIN COURT</del>	<del>FAIRFIELD OH 45014</del>
<del>VCTD</del>	<del>MITTS, ROBERT A</del>	<del>4487 LESAIN COURT</del>	<del>FAIRFIELD OH 45014</del>
C	HANS A. ANGER, JR.	95 S. ROUTE 83	GRAYSLAKE/IL 60030
P	JEFF PENNINGTON	95 S. ROUTE 83	GRAYSLAKE, IL 60030
D	CHARLES L. BOETSCH	95 S. ROUTE 83	GRAYSLAKE, IL 60030
ST	LON J. PURDY	95 S. ROUTE 83	GRAYSLAKE, IL 60030

8. Name and Address of Current Registered Agent

GOODWIN, LENNIE  
2702 DIRECTORS ROW  
ORLANDO FL 32809

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

700009317447

12/03/02--01044--015 \*\*750.00

FL

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Lon J. Purdy*  
**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date *11-22-02*

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:

*Lon J. Purdy*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*11/19/02* (847) 223-1000