PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

H01000108132

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DIVISION OF CORPORATIONS
01 OCT 18 PM 3:20

DOCUMENT # F99000004747

1. Corporation Name

Momentum Logistics of South Carolina, Inc.

REINSTATEMENT 01

2. Principal Office Address		3. Mailing Office Address	
8923 Western Way		8923 Western Way	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 22		Suite 22	
City & State		City & State	
Jacksonville, Florida		Jacksonville, Florida	
Zip	Country	Zip	Country
32256	USA	32256	USA

4. Date Incorporated or Qualified To Do Business in Florida: 9/14/99

5. FEI Number: 57-0837217 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Name and Address of Current Registered Agent

Name: Douglas G. Stanford

Street Address (P.O. Box Number is Not Acceptable): 50 N. Laura Street

Suite, Apt. #, Etc.: Suite 2800

City: Jacksonville | State: FL | Zip Code: 32202

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: _____ REGISTERED AGENT MUST SIGN Date: October 11, 2001

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
DVTS	Davis, T. Wayne	8923 Western Way, Ste. 22	Jacksonville, FL 32256
DP	Saffell, Paul K.	8923 Western Way, Ste. 22	Jacksonville, FL 32256

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 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: _____ Paul K. Saffell 10/11/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E061 (9/00)

Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

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CORPORATION REINSTATEMENT

MOMENTUM LOGISTICS OF SOUTH CAROLINA, INC.

Certificate of Status	0
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Page Count	01
Estimated Charge	$750.00