

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # H27817		99 FEB 15 PM 11:19 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Corporation Name LOGISTIC CONSULTANTS, INC.		Principal Place of Business P.O. BOX 60631 JACKSONVILLE FL 32236	
Mailing Address P.O. BOX 60631 JACKSONVILLE FL 32236		If above addresses are incorrect in any way, line through incorrect information and enter correction below.	
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip	
4. Date Incorporated or Qualified To Do Business in Florida 10/30/1984		5. FEI Number 59-2625364	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$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)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City, State, Zip
VP	ENGLERT, JACK V.	836 RIVERSIDE AVE. 1228 Harrison Pt. Trail	JACKSONVILLE FL Amelia Island FL 32034
P	MANGES, RICHARD	836 RIVERSIDE AVE. 5400-2 Verna Blvd	JACKSONVILLE FL 32205
VPT	ENGLERT, MARY JOY	836 RIVERSIDE AVE. 1228 Harrison Pt Trail	JACKSONVILLE FL Amelia Island 32034 FL
VPS	MANGES, ROBIN	836 RIVERSIDE AVE. 5400-2 Verna Blvd.	JACKSONVILLE FL 32205
REINSTATEMENT 98-99 TB 2/18/99			
8. Name and Address of Current Registered Agent BEAKES, O. C. 836 RIVERSIDE AVE. JACKSONVILLE FL 32204		9. Name and Address of New Registered Agent Name: Richard W. Manges Street Address (P.O. Box Number is Not Acceptable): 5400-2 Verna Blvd. Suite, Apt. #, Etc: City: Jacksonville State: FL Zip Code: 32205	
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. Signature of Registered Agent: [Signature] REGISTERED AGENT MUST SIGN Date: 1/21/99			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)			
12. 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: [Signature] Richard W. Manges President 1/21/99 904 781 0030 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Day, Month & Year			