

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 206 000 167558

1. Limited Liability Company's Name

HUMAN LOGISTICS, LLC

2. Principal Office Address - No P.O. Box #

8455 NW 74th ST

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33166

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified To Do Business in Florida

2006

6. FEI Number

20 599 2894

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

JOSE E. ARTEAGA

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

301 GOLDEN ISLES DR 209

Suite, Apt. #, Etc.

City

HALLANDALE BEACH

State

FL

Zip Code

33009

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent

*[Handwritten Signature]*

Date

12/27/07

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEMBER	JOSE E. ARTEAGA	301 GOLDEN ISLES DR 209	HALLANDALE BEACH, FL 33009

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01/03/08--01034--002 \*\*50.00

REINSTATEMENT 07

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager

*[Handwritten Signature]*

Date

12/27/07

Daytime Phone #

786 66 31824

Typed or printed name of signing Managing Member/Manager

FILED  
08 JAN -7 PM 12:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (1/07)