


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000036050	
1. Entity Name L & R LOGISTICS HOLDINGS INC.	

FILED

05 MAR -4 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]



REINSTATEMENT 04-05

Principal Place of Business 301 BRICKELL KEY DRIVE SUITE 201 MIAMI, FL 33131	Mailing Address 301 BRICKELL KEY DRIVE SUITE 201 MIAMI, FL 33131
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2. Principal Place of Business 601 BRICKELL KEY DRIVE Suite, Apt. #, etc. SUITE 201 City & State MIAMI, FL Zip 33131 Country U.S.	3. Mailing Address 601 BRICKELL KEY DRIVE Suite, Apt. #, etc. SUITE 201 City & State MIAMI, FL Zip 33131 Country U.S.
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4. FEI Number 65-1002736	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GUTIERREZ, RENALDY J 601 BRICKELL KEY DRIVE STE 201 MIAMI, FL 33131-2651	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS ESQUIVEL, INDALECIO <input checked="" type="checkbox"/> Delete 2002 RUMSON DRIVE ARLINGTON, TX 76006	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS ESQUIVEL, INDALECIO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 227 SEEGER DRIVE ARLINGTON, TX 76018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GUTIERREZ, RENALDY J <input type="checkbox"/> Delete 601 BRICKELL KEY DRIVE, SUITE 201 MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600048845 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 03/22/05--01016--025 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ESQUIVEL, RHONDA <input checked="" type="checkbox"/> Delete 2002 RUMSON DRIVE ARLINGTON, TX 76006	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HUGHES, RONI <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 364 LAUREL CREST KANNAPOLIS, NC 28081
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <i>[Signature]</i>	Renaldy J. Gutierrez	3/2/2005	(305) 577-4500
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