


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 01 OCT 31 AM 8:56	
DOCUMENT # P00000043506					
1. Corporation Name TRANS- LOGISTICS, INC.					
2. Principal Office Address 18302 HIGHWOODS PRESEVE PKY Suite, Apt. #, etc. SUITE # 210 City & State TAMPA FL Zip 33647		3. Mailing Office Address SAME Suite, Apt. #, etc. SAME City & State SAME Zip SAME		4. Date Incorporated or Qualified To Do Business in Florida 4/28/2000 5. FEI Number 59-3655501 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent Name ALLAN MARSHALL Street Address (P.O. Box Number is Not Acceptable) 15703 BLAIR COURT Suite, Apt. #, Etc. City TAMPA					
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 <u><i>Allan Marshall</i></u> Date <u>10/4/2001</u> REGISTERED AGENT MUST SIGN					
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		
PSD	CHRISTINE A. OTTEN	15703 BLAIR COURT	TAMPA FL 33647		
VTM	ALLAN MARSHALL	15703 BLAIR COURT	TAMPA FL 33647		
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: <u><i>Allan Marshall</i></u> ALLAN MARSHALL <u>8/3-989-2232</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E081 (8/00)