2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000073904

1. Entity Name
J.F.INTERNATIONAL LOGISTICS,INC.

FILED
2007 JAN 11 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
5910 PINEHILL RD, UNIT 6 PORT RICHEY, FL 34668	5910 PINEHILL RD, UNIT 6 PORT RICHEY, FL 34668

11062006 REIN-P CR2E098 (11/05)

2. Principal Place of Business	3. Mailing Address
518 ROCKAWAY AVE	518 ROCKAWAY AVE
Suite, Apt. #, etc. 2ND FLOOR	Suite, Apt. #, etc. 2ND FLOOR
City & State VALLEY STREAM, NY	City & State VALLEY STREAM NY
Zip: 11580 Country: USA	Zip: 11580 Country: USA

4. FEI Number
52-2267661
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FERRUGIA, JOSEPH 5910 PINE HILL RD UNIT 6 PO BOX 1382 PORT RICHEY, FL 34668	Name: TIMOTHY P. HOWELLS Street Address (P.O. Box Number is Not Acceptable): 11905 OAK TRAIL WAY City: PORT RICHEY FL Zip Code: 34668

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: _____ 11-2-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2007, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ☐ Delete FERRUGIA, LORI A ~~7931 BENGAL LANE~~ 25 PASTEN PLACE ~~NEW PORT RICHEY, FL 34654~~ DIX HILLS NY 11746	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVT ☐ Delete FERRUGIA, JOSEPH ~~7931 BENGAL LANE~~ 25 PASTEN PLACE ~~NEW PORT RICHEY, FL 34654~~ DIX HILLS, NY 11746	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 900086194639 01/25/07--01009--010 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete B 11/27/07 REINSTATEMENT 06	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 08 NOV 2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #