## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	PLICATION FOR ISTATEMENT		A DEPARTMENT A DEPARTMENT A Secretary of S	arris State		7	72
DOCUMENT # P00000115115  1. Corporation Name  PDALY LOCISTICS INC.					FILED 01 NOV 13 AM 8: 34		
Principal P	Principal Place of Business Mailing Address					MASSEE, FLORIDA	
14584 SW 95 LANE 14584 SW 95 MIAMI FL 33186 MIAMI FL 331							
	addresses are incorrect in any way, line						
	· · · · · · · · · · · · · · · · · · ·			ling Office Address, If Applicable		orated or Qualified ness in Florida 12/11/2	2000
Suite, Apt. #, etc. Suite, Apt. #					5. FEI Number		Applied For
-City & Stat		- City & State			6.	1041583	Not Applicable
Zip	Country	Zíp	Count	ry	CERTIFICATE	OF STATUS DESIRED for a C	dditional Fee required Pertificate of Status
7. Names Title(s)	and Street Addresses of Each Officer at Name of Officers	nd/or Director (Flo	St	reet Address of Each		City / State / 2	Zin
PD	and/or Directors  ALVAREZ, RICARDO A	3 Officer and/or Director 14584 SW 95 LANE			4 MIAMI FL 33186		
				···-		1 5 00100	
TD OT	PERROTTA, BENZO RENZO 13470 SW 62 ST., #					MIAMI FL 33183	
SD	PIANTINI, CARLOS	13401 SW 112 LANE			MIAMI FL 33186		
					50	00047056 -12/05/010103 ****150.00 **	3 <del>3</del> 001
	8. Name and Address of Curre	nt Registered Ag	ent		9. Name and	Address of New Registered Agen	t
Name					P.O. Box Number is Not Acceptable)		
ALVAREZ, RICARDO A 14584 SW 95 LANE				Street Address (P.O. Box Number is Not Acceptable)			
MAM	FL 33186	Suite, Apt. #, Etc.					
				City		State Zip	Code
10. I, being Signature of Registered		wth	oration, am familiar w	rith and accept the ob	oligations of Secti	on 607.0505, F.S.  Date	/
Signature of Registered:  11. I certify this reir owed b	of Tal. (	REGISTERED AG seiver or trustee ei ssolution has beer e names of individ	GENT MUST SIGN  mpowered to execute a eliminated, the corputuals listed on this for	this application as p orate name satisfies or do not qualify for a	rovided for in cha the requirements an exemption und	Date /0/15/0	y that when filing

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR



14584 SW 95 Lane Mismi, FL 33186 Ph. 305-775-1327 Fx. 305-383-8373

282

October 15th, 2001

Florida Department of State Katherine Harris Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

I, Ricardo A. Alvarez (Owner/President) of RRaly Logistics, Inc., present this letter requesting that RRaly-Logistics,-Inc-be-reinstated, as I was un-aware of the Uniform-Business-Report. This, because I never received any notification of it's completion being necessary to prevent the dissolution of my company. At the same time, the only notice I received was the one stating that the company had already been dissolved.

I called the Division of Corporations and explained my situation to one of your officers who, told me that I must write this letter and provide the same explanation in writing to be examined by your offices to consider the re-instatement of my Company.

Attached you will find the Application for Reinstatement, provided in the Notice of Administrative Dissolution or Revocation Form. Also attached, the check for the fee of the Uniform business Report, as, explained by the officer who helped me in your offices. I understand that this request might be refused and the total fee for the reinstatement of the company might be necessary in order to bring the company back in compliance with the regulations.

I also wanted to take this opportunity to assure you that this report will be presented on time as necessary to be in compliance with the regulations of the Florida Department of State, Division of Corporations.

I thank you in advance for your attention to this matter. If you have any question or need to contact me for any other reason, please do not hesitate to contact me at (305) 775-1327.

Sincerely Yours,

Ricardo A. Alvarez RRaly Logistics, Inc Owner/President