

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 JUL 30 PM 3:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000004245

**1. Corporation Name**

**ACTON INTERNATIONAL LOGISTICS, INC.**

**Acton**

7780 S. W. 117TH STREET

**2. Principal Office Address**

7780 S. W. 117TH STREET

**3. Mailing Office Address**

Suite, Apt. #, etc.

SUITE 201

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

Zip

33183

Country

USA

Zip

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

01/11/2001

**5. FEI Number**

65-1073212

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐**

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

CATARINEAU, JOSEPH CPA

Street Address (P.O. Box Number is Not Acceptable)  
7780 S. W. 117TH STREET

Suite, Apt. #, Etc.

SUITE 201

City

MIAMI

State

FL

Zip Code

33183

**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

*[Signature]*

Date **7-13-04**

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<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| CEO    | CLYDE L HART                         | 73 WOODLANDS DRIVE                                | BOYCE, LA 71409    |
| PRES   | JEANNE PORTER                        | 4317 FARRELL LANE                                 | ORLANDO, FL 32812  |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |

**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:

*[Signature]*

Jean M. Porter

6-29-04

(407) 850-4336

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)