CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE . Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT#

1. Corporation Name									1.0.54
FRESH LOGISTICS, INC.									
Principal Office Address - No P.O. Box # 3. Mailing Office Address							2008018600.12 60018-11.650		
· ·							· · · · · · · · · · · · · · · · · · ·		
	OVE LN.	CHAMPIONSGATE BLVD				CB3E081 (11	/10)		
Suite, Apt. #, etc Suite, Apt. # 33							CR2E081 (11/10)		
					Date Incorporated or Qualified To Do Business in Florida				
City & State					5. FEI Numb	01,	/22/2001		
KISSIMMEE, FLORIDA C				CHAMPIONSGATE, FLORIDA			1 -		Applied For Not Applicable
Zip		Country	Zip		Countr	у	6	68975	
347	47	USA	33896		USA		CERTIFICA	TE OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent									
AGUSTIN CALISTO									
Street Address (P.O. Box Number is Not Acceptable)									
1600 S. FEDERAL HIGHWAY									
Suite. Apt. #, Etc.									
SUITE #700									1
City					FL	Zip Code			
POMPANO BEACH 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the							1		
Signature of Registered	of /	e registered agent of the a	bove rismed corp	oration, am	i familiar y	with and accept the o	obligations of sec	tion 607.0505 or 617.0503 Date <u>J (JN F. / </u> 1	
REGISTERED AGENT MUST SIGN								Jan Garrin,	2-7-2019
9. Name	s and Street A	ddresses of Each Officer a	nd/or Director (FI	onda nonpr	ofit corpo	rations must list at le	east 3 directors)	·	
Titles	Name of Officers and/or Directors				Street Address of Each Officer and/or Director			City / State / Zip	
Р	MIGUEL MASCARO			701 HARGROVE LN.				KISSIMMEE FL 34747	
٧	SEBASTIAN MASCARO 7			701 HARGROVE LN.				KISSIMME , f	L 34747
							EINST	ATEMEN	10
-					JUL : 0 2019 2014-2019				
							1 ALE	RITTON	-
^{10.} E-ma	il Addres	s: managamen	t 6 fresn	Jogis	stice	net			

(To be used for future annual report notification)

SIGNATURE:

MIGUEL MASCARO

^{11.} 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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information supplied in a document to the pepartment of State constitutes a third degree felony as provided for in s.817.155, F.S.