

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV 25 AM 9:10

SECRET  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000015419

1. Corporation Name

N. A. T. LOGISTIC GROUP, INC.

Principal Place of Business

Mailing Address

~~6210 N W 53RD COURT~~  
~~SUNRISE FL 33351~~

~~6210 N W 53RD COURT~~  
~~SUNRISE FL 33351~~

9030 NW 32 ST.  
CORAL SPRINGS, FL 33065

← (SAME)

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

9030 NW 32 STREET

Suite, Apt. #, etc.

CORAL SPRINGS, FL

City & State

3. New Mailing Office Address, If Applicable

9030 NW 32 STREET

Suite, Apt. #, etc.

CORAL SPRINGS, FL

City & State

Zip

Country

33065

BROWARD

Zip

Country

33065

BROWARD

4. Date Incorporated or Qualified  
To Do Business in Florida

02/09/2001

5. FEI Number

65-1075442

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSD	BENNETT, NORRIS	<del>6210 N W 53RD COURT</del> 9030 NW 32 STREET	<del>SUNRISE FL 33351</del> CORAL SPRINGS FL 33065
V	BENNETT, ANNIE	9030 NW 32 STREET	CORAL SPRINGS, FL 33065

8. Name and Address of Current Registered Agent

BENNETT, NORRIS  
~~6210 N W 53RD COURT~~  
~~SUNRISE FL 33351~~  
9030 NW 32 ST.  
CORAL SPRINGS, FL 33065

9. Name and Address of New Registered Agent

Name BENNETT NORRIS

Street Address (P.O. Box Number is Not Acceptable)

9030 NW 32 STREET

Suite, Apt. #, Etc.

City

CORAL SPRINGS

State

FL

Zip Code

33065

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*(Signature)* SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10.30.02

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., 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)* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10.30.02 954-796-3529

Date

Daytime Phone #

CR2E040 (8/02)

N.A.T. LOGISTICS GROUP INC.  
9030 N.W. 32 STREET  
CORAL SPRINGS, FL 33065

10.30.02

WE ARE SUBMITTING THIS APPLICATION FOR  
REINSTATEMENT, AND ASK THAT THE REINSTATEMENT  
FEE BE WAIVED DUE TO THE FACT THAT WE NEVER  
RECEIVED ANY PRIOR UBR NOTICES.

WE HAVE ENCLOSED THE AMOUNT DUE FOR FILING WITHOUT  
PENALTY IN THE AMOUNT OF \$150.00.

Thank you,

*[Signature]* PSD.