

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUN 10 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000023311

1. Corporation Name

INTEGRATED LOGISTICS SYSTEMS ENG, INC.

4662 N.W. 107 Ave.

2. Principal Office Address

4662 N.W. 107 Ave.

3. Mailing Office Address

Suite, Apt. #, etc.

1903

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Zip

33178

Country

Dade

Zip

Country

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

03/06/2001

5. FEI Number

65-1051527

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

02-09

7. Name and Address of Current Registered Agent

Name

RAUL MORENO

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

4662 N.W. 107 Avenue

Suite, Apt. #, Etc.

1903

City

Miami

State

FL

Zip Code

33178

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

Date

6/4/04

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 Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	RAUL MORENO	4662 N.W. 107 Av. #1903	Miami, Florida 33178

000038210970
06/24/04--01005--010 **1050.00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/4/04

Daytime Phone #

(786) 845 9348

CR2E081 (01/04)