

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 FEB 22 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000054368

1. Corporation Name

YELLOW GREEN LOGISTICS, CORP

2. Principal Office Address

2490 SW 163RD TERRACE

Suite, Apt. #, etc.

City & State

MIRAMAR, FL

Zip

33027

Country

USA

3. Mailing Office Address

2490 SW 163RD TERRACE

Suite, Apt. #, etc.

City & State

MIRAMAR, FL

Zip

33027

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-1110399

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

600093728756
03/19/07--01032--008 **1350.00
REINSTATEMENT 03-07

7. Name and Address of Current Registered Agent

Name

ARENA J. ACOSTA, CPA

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

7955 NW 12TH STREET

Suite, Apt. #, Etc.

SUITE 400

City

MIAMI

State

FL

Zip Code

33157

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

REGISTERED AGENT MUST SIGN

Date 3/26/2006

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
M.	VANDERLEI DIAS	2490 SW 163RD TERRACE	MIRAMAR, FL 33027

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 contained in Chapter 119, 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

Daytime Phone #