

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 SEP 19 AM 10:51

SECRETARY OF STATE
REINSTATEMENT 02-03

DOCUMENT # **P01000066541**

1. Limited Liability Company's Name

LOGISTICS SUPPORT, INC

700023175047
09/18/03--01063--004 **150.00
700023175047
09/18/03--01063--003 **150.00

2. Principal Office Address

8245-2 N.W. 36TH ST
Suite, Apt. #, etc.

3. Mailing Office Address

1836 S.W. 136TH PL
Suite, Apt. #, etc.

4. State/Country of Formation

FLORIDA - USA

5. Date Organized or Qualified To Do Business in Florida

July 06-2001

6. FEI Number

Applied For
Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33166

Country

USA

Zip

33125

Country

USA

8. Name and Address of Current Registered Agent

Name

MONICA PARAJA

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

1836 S.W. 136TH PL

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33125

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent

Monica Paraja
REGISTERED AGENT MUST SIGN

Date **09-15-2003**

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<i>SECRETARY</i>	MONICA PARAJA	1836 S.W. 136TH PL	MIAMI, FL 33125
<i>SECRETARY</i>	MIGUEL FERNANDEZ	15781 S.W. 106TH RD #104	MIAMI, FL 33195
<i>SECRETARY</i>	ISAIS PARAJA	1836 S.W. 136TH PL	MIAMI, FL 33125

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager

Monica Paraja
MONICA PARAJA

Date **09-15-2003**

Daytime Phone# **305-552-6892**

Typed or printed name of signing Managing Member/Manager

MONICA PARAJA

CR2E041 (10/02)

9/15

Logistics Support, Inc.

8245-2 NW 36th Street

Miami, FL 33166

Ph: 786- 331-8236 / Fax: 786- 331-8226

e-mail: dbalogi@bellsouth.net

September 15, 2003

Florida Department of State
Division of Corporations
Tallahassee, FL 32302

Re.- Corporation Reinstatement for Document # PO1000066541

Dear Officer:

As per your instructions please find enclosed two money orders in the amount of \$150 each for the payments of Uniform Business Report Filing, years 2002-2003 and 2003-2004, respectively which have not been received yet. Effective immediately we are changing our mailing address to make sure this will not happen again.

Sincerely



Monica Parada
President