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 OCT 22 PM 1:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000076187**

1. Corporation Name

TIGI LOGISTICS, INC.

Principal Place of Business	Mailing Address
8320 SANTMAN COURT JACKSONVILLE FL ~~32210~~ 32221	8320 SANTMAN COURT JACKSONVILLE FL ~~32210~~ 32221

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip 32221	Country	Zip 32221	Country

4. Date Incorporated or Qualified To Do Business in Florida: 08/02/2001

5. FEI Number: 59-3733750 — 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	OSTOLAZA, EUGENIA M	8320 SANTMAN COURT	JACKSONVILLE FL ~~32210~~ 32221

000008564010
10/24/02--01029--008 **158.75

8. Name and Address of Current Registered Agent

OSTOLAZA, EUGENIA M
8320 SANTMAN COURT
JACKSONVILLE FL 32210

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

CR2E040 (8/02)

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 REQUIRED — Date: 10/21/02

REGISTERED AGENT MUST SIGN

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 REQUIRED — 10/21/02 — 904 693-0404

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

TIGI LOGISTICS INC
8320 SANTMAN COURT
JACKSONVILLE, FL. 32221
PHONE (904) 693-0406
FAX (904) 786-1313
EMAIL: CALCONETA@MSN.COM

October 21, 2002

To whom it may concern:

I am writing this letter to inform you of my application for reinstatement. I have never received any other form (application) to continue with my 2002 uniform business report. I do apologize for the inconvenience this may have caused.

I have made corrections to the reinstatement application with the zip code.

I am submitting a check for $150.00 in addition I am adding $8.75 to receive a certificate of status.. I hope this is correct. If there is anything else I might need to correct please feel free to contact me. My address and telephone are listed above.

Sincerely:

Eugenia Ostolaza
(president)