

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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

DOCUMENT # P01000080695

1. Corporation Name

PAMAR LOGISTIC GROUP SERVICES. INC.

Principal Place of Business

13727 SW 152ND STREET
BOX 353
MIAMI FL 33177

Mailing Address

13727 SW 152ND STREET
BOX 353
MIAMI FL 33177

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

11700 N.W. 102nd ROAD

SUITE# 1

MIAMI, FLORIDA

33178

USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/16/2001

5. FEI Number

65-1130477

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
D	LECENZI, MARY	13727 SW 152ND STREET BOX 353	MIAMI FL 33177

100009013391
11/15/02--01011--006 **150.00

8. Name and Address of Current Registered Agent

SCHNITZER, GERALD S
2455 EAST SUNRISE BLVD.
#502
MIAMI FL

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

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

REGISTERED AGENT MUST SIGN

Date 11/05/02

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 Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/05/02 (305) 805-2424

Date

Daytime Phone #

CR2E040 (8/02)

PAMAR LOGISTIC GROUP SERVICES, INC.

11700 N.W. 102ND ROAD, SUITE #1 . MIAMI, FL. 33178

Telephones (305) 805-2424 . (305) 805 2440 . Fax (305) 805-2221

Email: lpamar@bellsouth.net

November 5, 2002

~~Florida-Department of State~~

Mr. Jim Smith

Secretary of State

Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

Dear Sir,

A few days ago I received a 2002 corporation annual report/uniform business report in which notified me that the Corporation name: PAMAR LOGISTIC GROUP SERVICES, INC.. Document Number: P01000080695 failed to file the UBR, we did not file the UBR on time is because we did not received did notices to reinstate, must Probably because we have moved to a new location with a different address (new address listed above).

I am enclosing a check #1066 for the amount of \$150.00 and the filled application with our up dated information.

Thank you for your cooperation and if any question, do not hesitate to contact me
At the address of telephone listed above.

Best Regards,


Mary Licenzi
Director