

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 20 PM 6:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #. P01000097757

1. Corporation Name

SEVEN ROADS LOGISTICS, INC.

2. Principal Office Address

15525 MIAMI LAKEWAY N.

Suite, Apt. #, etc.

206

City & State

MIAMI, FL.

Zip

33Q14

Country

DADE COUNTY

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

SAME

Zip

Country

4. Date Incorporated or Qualified

To Do Business in Florida **10-08-01**

5. FEI Number

65-1145403

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CESAR S. GIOVANNINI

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

15525 MIAMI LAKEWAY N.

Suite, Apt. #, Etc.

206

City

MIAMI,

State

FL

Zip Code

33014

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 **11/07/02**

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
D	RENATA GIOVANNINI	15525 MIAMI LAKEWAY N.	MIAMI, FL. 33014
D	CESAR S. GIOVANNINI	15525 MIAMI LAKEWAY N.	MIAMI, FL. 33014
D	MARIA A. CONTE	15525 MIAMI LAKEWAY N.	MIAMI, FL. 33014
D	LUIZ A. CONTE	15525 MIAMI LAKEWAY N.	MIAMI, FL. 33014
D	RICARDO CONTE	15525 MIAMI LAKEWAY N.	MIAMI, FL. 33014

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

10/07/02

Date

305-474-0086

Daytime Phone #

CR2E081 (9/99)

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SEVEN ROADS LOGISTICS, INC.
15525 MIAMI LAKEWAY N # 206
MIAMI, FL. 33014
(305) 609-7306

November 07, 2002

Division of Corporations
Florida Dept. of State
P.O. BOX 6327
Tallahassee Fl, 32314

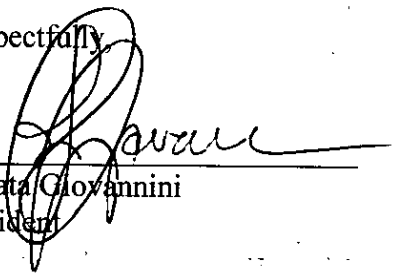
Sir/Madam:

I would like to draw your kind attention to the fact that I never received the Uniform Business Report for this year and now my corporation is Inactive. Therefore, I'm enclosing the Application for Reinstatement of the Corporation along with a check for the amount of \$158.75 in payment for:

Reinstatement of Corporation	\$150.00
Certified Copy	\$ 8.75

Please make the necessary changes to your records and if you have any questions or concern do not hesitate to contact me at the number above.

Respectfully,


Renata Giovannini
President