

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 MAR 15 AM 9:26

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000006986

1. Corporation Name

**AGCESS LOGISTICS, INC.**

2. Principal Office Address - No P.O. Box #

1200 PLANTATION ISLAND DR.

3. Mailing Office Address

1200 PLANTATION ISLAND DR.

Suite, Apt. #, etc.

230

Suite, Apt. #, etc.

230

City & State

St. Augustine, FL

City & State

St. Augustine, FL 32080

Zip

32080

Country

ST JOHNS

Zip

32080

Country

ST JOHNS

**REINSTATEMENT 04-07**

CR2E081 (1/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

1/22/02

5. FEI Number

02-0538317

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

Kenneth R Kresge, CPA

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

1200 PLANTATION ISLAND DR.

Suite, Apt. #, Etc.

230

City

St. Augustine

State

FL

Zip Code

32080

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

*Kenneth R Kresge*

Date

3/9/07

REGISTERED AGENT MUST SIGN

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
President	Gregory W Jones	87 Dolphin Dr.	St. Augustine, FL 32084
			000095808120 04/04/07--01043--007 ***000 00
	<i>[Signature]</i>		

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:

*Gregory W Jones*

GREGORY W JONES

3/9/07

Date

Daytime Phone #