

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 NOV -7 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000026428

1. Corporation Name

COAST TO COAST LOGISTICS, INC.

Principal Place of Business

8805 NW 115 STREET
HIALEAH GARDENS FL 33018

Mailing Address

8805 NW 115 STREET
HIALEAH GARDENS FL 33018



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

2. New Principal Office Address, If Applicable

8415 N.W. 171 ST.
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Miami, FL
Zip 33015 Country USA

City & State

Zip

Country

REINSTATEMENT

03

4. Date Incorporated or Qualified
To Do Business in Florida

03/04/2002

5. FEI Number

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
PD	SAO, AZAR	8805 NW 115 STREET	HIALEAH GARDENS FL 33018
VSD	SAO, DIANY	8805 NW 115 STREET	HIALEAH GARDENS FL 33018

500024508855
11/07/03--01052--006 **150.00

8. Name and Address of Current Registered Agent

SAO, AZAR
8805 NW 115 STREET
HIALEAH GARDENS FL 33018

9. Name and Address of New Registered Agent

Name

Dianny Sao

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

8415 N.W. 171 ST.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33015

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

Dianny Sao

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-29-03

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:

Dianny Sao

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dianny Sao - VP

10-29-03

Date

Daytime Phone #

CR2E040 (7/03)

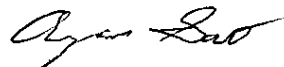
Oct. 31, 2003

Florida Department of State

This is to notify you that we never received the UBR in order to file the yearly fee. We have moved to the new address as listed in the application for reinstatement.

Enclosed is the fee for \$150.00 Yearly renewal.

Thank you,

A handwritten signature in cursive script, appearing to read "Azar Sao".

Azar Sao
President