

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

07 AUG 13 AM 4:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P02000036853

**1. Corporation Name**

FSG LOGISTIC, INC.

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

1818 JEFFERSON

Suite, Apt. #, etc.

**City & State**

HOLLYWOOD, FLORIDA

**Zip**

33020

**Country**

USA.

**3. Mailing Office Address**

Suite, Apt. #, etc.

**City & State**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

04-04-2002

**5. FEI Number**

01-0734288

☐ 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**

RAMON RODRIGUEZ

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

1818 JEFFERSON

Suite, Apt. #, Etc.

**City**

HOLLYWOOD

**State**

FL

**Zip Code**

33020

☐ 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**

Ramon Rodriguez

**Date** 8-10-07

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	Ramon Rodriguez	1818 JEFFERSON	HOLLYWOOD, FL 33020

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08/21/07--01053--003 \*\*450 00

**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:**

Ramon Rodriguez

8-10-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3. Michael

AUG 13 2007

20f2

To: STATE OF FLORIDA  
DEPARTMENT OF CORPORATIONS

Ref: Late payment.

To whom it may concern:

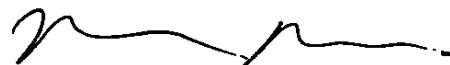
I, Ramon Rodriguez, as president of FSG Logistic. Located at 1818 Jefferson, Hollywood, Florida, by means of this letter certify that I owe the annual report for this company for 2005, 2006 and 2007.

I would like to state that this happened because I never received the notification papers from the State of Florida, and because my bookkeeper did not advise me of that debt.

Therefore I am enclosing the fees for the three years, but I am requesting that the state waive the penalties for the late payment.

Thank you,

Yours truly,



Ramon Rodriguez  
President  
FSG Logistic Inc.