

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PPH 10/9/03

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000040605

1. Corporation Name

AMERICAN LOGISTICS USA, INC.

Principal Place of Business

10971 N.W. 3RD STREET  
PLANTATION FL 33324

Mailing Address

10971 N.W. 3RD STREET  
PLANTATION FL 33324

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

4. Date Incorporated or Qualified  
To Do Business in Florida

04/15/2002

5. FEI Number

36-4494150

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
P	TRENK, PERRI	10971 N.W. 3RD STREET	PLANTATION FL 33324

REINSTATEMENT

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8. Name and Address of Current Registered Agent

TRENK, PERRI  
10971 N.W. 3RD STREET  
PLANTATION FL 33324

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

*Perri Trenk*  
REGISTERED AGENT MUST SIGN

Date 10/9/03

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:

*Perri Trenk*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/9/03 954-915-9877

CR2E040 (7/03)



*Payor*

AMERICAN LOGISTICS USA  
MC-433032

10097 CLEARY BLVD. SUITE 252  
PLANTATION, FL 33324  
954-915-9877 FAX 954-915-9024  
WWW.AMERICANLOGISTICSUSA.COM

*10/9/03*

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The application enclosed is the first uniform business report that I received from the state. I never received any prior notices and therefore I am requesting a waiver of the late fee. Enclosed, please find my check for \$150. for the UBR filing fee.

Thank you,

Perri Trenk

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