

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT 30 AM 10:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**APPLICATION  
FOR  
REINSTATEMENT**

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

**DOCUMENT # P02000078478**

1. Corporation Name

**TEAM LOGISTICS GMBH, INC.**

Principal Place of Business

1784 CORD GRASS LANE  
ORANGE PARK FL 32003

Mailing Address

1784 CORD GRASS LANE  
ORANGE PARK FL 32003



**REINSTATEMENT 03**

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07/19/2002	
City & State		City & State		5. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	PAULOWITSCH, OTTO KAR	17 ACKERMAN STRASSE	BREITZELD, GERMANY
D	GHORI, BASIT H	1784 CORD GRASS LANE	ORANGE PARK FL 32003

900024284329  
10/30/03--01031--009 \*\*150.00

*Basit H*

8. Name and Address of Current Registered Agent

GHORI, BASIT H  
1784 CORD GRASS LANE  
ORANGE PARK FL 32003

9. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State <b>FL</b> 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

*Basit H*

REGISTERED AGENT MUST SIGN

Date

10/29/2003

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:

*BASIT H GHORI*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/29/2003  
Date

904-264-0554  
Daytime Phone #

CRE0040 (7/03)

October 29, 2003

Department of State,  
Division of Corporations  
P.O.Box 6327  
Tallahassee, Florida 32314

Subject: Reinstatement of existing Corporation

Reference: Document # P02000078478

Dear Sir/Madam:

Last week I talked to your representative over the phone. We did not receive a renewal notice or any communication from your office. Also the president of the corporation was out of the country traveling for business development.

I am forwarding a check in the amount of \$150.00 for the reinstatement of our corporation. Should you have any questions, please call me at (904) 264-0554.

Sincerely,



Basit H. Ghori,  
Secretary,  
Team Logistics GMBH, Inc  
1784 Cord Grass Lane,  
Orange Park, FL 32003

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