

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAR -5 PM 4:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000088261**

1. Corporation Name

TML Logistics Inc.

REINSTATEMENT 03-04

2. Principal Office Address

150 W. State Rd. Skt.
Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 1477
Suite, Apt. #, etc.

800028741988
02/13/04--01042--028 **750.00

City & State

LK. Hamilton, FL

Zip **33851** Country **PAK**

City & State

Chaines City, FL

Zip **33845** Country **PAK**

4. Date Incorporated or Qualified
To Do Business in Florida

8-15-02

5. FEI Number

82-0559801

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$0.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Patthy Pearce

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

150 W. State Rd. 546

Suite, Apt. #, Etc.

City

LK. Hamilton

State

FL

Zip Code

33851

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

Date

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
P	Kevin Pearce	6616 Good Springs Rd.	Brentwood, TN 37027
V	Kimberly Mollen	56 Skidmore Rd.	Winter Haven, FL 33884
S/T	Patthy Pearce	213 Ruby Lake Lane	Winter Haven, FL 33884

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patthy Pearce

Date

2-5-04

Daytime Phone #

863-439-7691

CR2081 (10/02)