

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # P02000104197

1. Corporation Name

RNX LOGISTICS, INC.

Principal Place of Business

Mailing Address

11013 NW 30 STREET SUITE 100
MIAMI FL 33172

11013 NW 30 STREET SUITE 100
MIAMI FL 33172

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/26/2002

5. FEI Number

05-0532953

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	YANEZ, EDWARD	7215 SW 26 RD	MIAMI FL 33129

REINSTATEMENT

JS TS

8. Name and Address of Current Registered Agent

YANEZ, EDWARD
7215 SW 26 RD
MIAMI FL 33129

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

SIGNATURE

Date

REGISTERED AGENT MUST SIGN

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/14/03

Date

305-477-9437

Daytime Phone #

CR20040 (7/03)

RNX Logistics, Inc.

11013 N.W. 30th Street
Suite 100
Miami, FL 33172

paye202

October 14, 2003

Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section

To Whom It May Concern:

I just received the reinstatement application attached. I mailed out payment since August 22, 2003. I attached a copy of the check for your convenience. A few weeks after that check was mailed out with the signed application we received a letter requesting the EIN#. At that time I included the EIN#, signed and mailed.

Today when I received this I called and one of the representatives checked and there was no records of the last letter that was sent to me requesting the EIN#. That was mailed out the same day it was received, maybe it was lost in the mail but we did send it out. Please let me know what we need to do regarding this matter. Our check was cashed and I want to solve this as soon as possible.

Thank you in advance for your attention regarding this matter. If you have any questions please do not hesitate to contact me at (305) 477-9437.

Sincerely,



Edward Yanez