PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

P02000104197 **DOCUMENT #**

1. Corporation Name

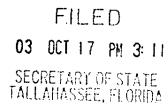
RNX LOGISTICS, INC.

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 a	addresses are	incorrect in any way, line t	hrough incorrect	information an	d enter correction below.				
		ddress, If Applicable	•	New Mailing Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida 09/26/2002		
Suite, Apt.	#, etc.		Suite, Apt. #	Suite, Apt. #, etc.			5. FEI Number Applied For		
City & Stat	e		City & State			05	- <i>053</i> 295	Not Applicable	
Zip Country		Zip*		Country	6.	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee require for a Certificate of Status			
7. Names	and Street Add	resses of Each Officer an	d/or Director (Flo	orida nonprofit	corporations must list at le	east 3 directors)			
Title(s) Name of Officers and/or Directors					Street Address of Eac Officer and/or Director			City / State / Zip	
PD	YANEZ, EDWARD			7215 SW 26 RD			MIAMI FL 33129		
					NOTATE		53:11		
	8. Name	e and Address of Curren	t Registered Ag	ent	Name	9. Name and	Address of New Register	red Agent	
YANEZ, EDWARD									
7215 SW 26 RD					Street Address	Street Address (P.O. Box Number is Not Accept			
MIAMI FL 33129				Suite, Apt. #, Etc					
					City			tate Zip Code	
10. I, being	appointed the	registered agent of the al	pove named corp	oration, am far	miliar with and accept the o	obligations of Secti	on 607.0505, F.S. or 617.	0505, F.S.	
Signature of Registered Agent		81937	REGISTERED AC	GENT MUST S	iiGN		Date		
this rein	statement app	lication, the reason for dis	solution has beer	n eliminated, th	e corporate name satisfie:	the requirements	of section 607.0401 or 61	ther certify that when filing 7,0401, F.S., that all fees S. The information indicated	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

RNX Logistics, Inc.

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



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#, singed 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